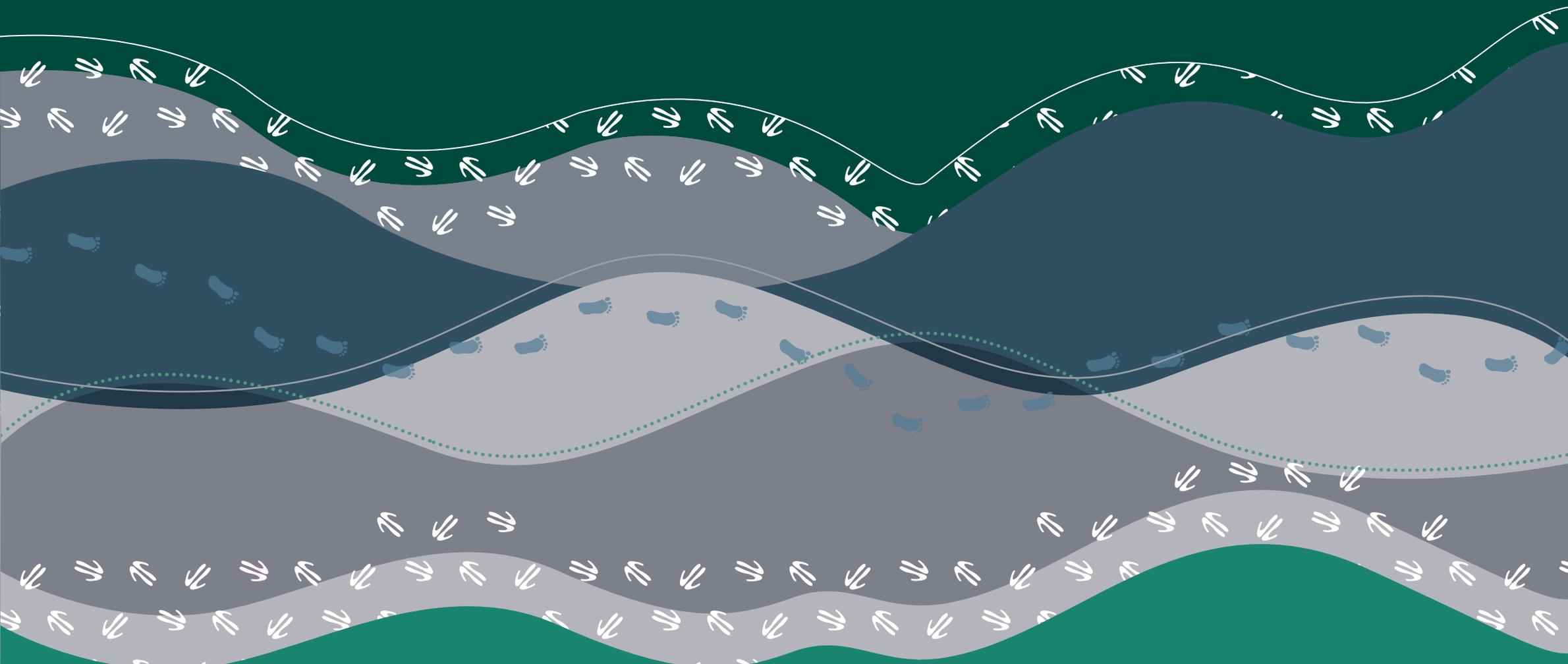


ANNUAL REPORT 2018



Australian Medical Council Limited

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About this report

This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2017-18 and information on the AMC's corporate governance arrangements, its performance in carrying out its functions, and important events and activities during that period.



The Australian Medical Council acknowledges and pays respect to the Traditional Owners of the lands across Australia on which our members live and work, and to their Elders and ancestors, past, present and future. We pay respect to the Ngunnawal people as the Traditional Owners of the land on which the AMC's office stands.





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FROM THE PRESIDENT



It is with pleasure that I present the 2018 Annual Report of the Australian Medical Council (AMC) which coincides with the end of my term as President of the AMC. 2017-18 was another successful year for the AMC.

My special thanks to our generous, committed members of committees, panels, advisory groups, dedicated Directors and talented staff who work so hard to achieve the purpose of the AMC to ensure that standards of education training and assessment of the medical profession protect and promote the health of the Australian Community. Without these people the AMC would not complete the considerable accreditation and assessment programs that it undertakes each year.

The focus in the past year has been to build on the strengths of the AMC as a leader in national and international assessment and accreditation and to develop a more visible and effective strategy for engagement with Aboriginal and Torres Strait Islander and Māori health organisations, students, medical practitioners and medical educators across its accreditation, standard setting, policy and assessment functions. This latter focus has culminated in an Aboriginal, Torres Strait Islander and Māori Health Statement that recognises Aboriginal and Torres Strait Islander peoples and Māori as First Nations peoples, and includes First Nations people's perspectives in the work of the AMC.

I particularly acknowledge the recognition status awarded to the AMC by the World Federation of Medical Education in January 2018. The WFME recognition process delivered an independent, transparent and rigorous evaluation of the AMC as an accrediting agency that ensures the quality of medical education in Australia is at an appropriate and rigorous standard. The AMC's Recognition Status has been awarded without conditions for a period of 10 years, until 31 January 2028.

Another major achievement for the AMC was the delivery of the National Joint AMC / Medical Board of Australia Preparedness for Internship Survey which was sent to medical practitioners with provisional registration who had graduated from Australian medical schools.

The Council also farewelled the retiring Chief Executive Officer, Mr Ian Frank AM, thanking Mr Frank for his contribution to the AMC over nearly three decades. Having joined the AMC in 1988, Mr Frank had been Chief Executive since 1991. Under his leadership, the AMC grew into an internationally recognised assessment, accreditation and standards setting body that has:

- Secured a reputation as a world leader in medical education and accreditation

- Transformed and modernised the assessment of international medical graduates, including by establishing the world-class Vernon Marshal National Test Centre in Melbourne
- Strengthened the accreditation capability of the AMC so it now accredits 126 primary and specialist medical programs offered by 37 education providers across Australia and New Zealand
- Ensured a community voice on AMC committees and AMC sponsored projects; and
- Started a dialogue with Aboriginal and Torres Strait Islander Australians to ensure the AMC's contributions to improving Indigenous health are both meaningful and substantial.

A general meeting of Council was held in Canberra in June 2018 at which the new CEO, Mr Philip Pigou, presented the 2018 to 2028 Strategic Priorities. Mr Pigou, who joined the AMC in January 2018, was the CEO of the Medical Council of New Zealand for many years and has been involved in medical regulation, accreditation and education in New Zealand for over 20 years.

In closing, I want to acknowledge the support of the AMC Directors and Council, the dedication and leadership of AMC staff; the collegial relationships with health and education professionals, including through the Health Professions Accreditation Councils' Forum; the strong and constructive relationships with the Medical Board of Australia and the Australian Health Practitioner Regulation Agency and our highly valued relationships with our community and consumer representatives.

It has been a privilege to serve as President of the AMC over the last three years, and as a director with various other responsibilities over the last 10 years. The greatest privilege is to ensure the purpose of the AMC in contributing to the health of Australians. The other is working closely with staff, Directors and Council members and the broader health, education and regulatory community in our common purpose. I wish my successor well and feel confident in the future of the AMC.

Jill Sewell AM
President



This is my first report as Chief Executive Officer of the Australian Medical Council. I would like to acknowledge and thank Mr Ian Frank, the AMC's CEO until the end of December 2017. Ian did an outstanding job in his leadership of the AMC. I am privileged to follow him in this role and to benefit from the quality of the organisation he has built over several decades.

An important early focus in 2018 has been the development of our strategic plan, with directors and staff working collaboratively to bring their knowledge, experience and ideas together into the plan. The plan defines our vision, purpose, values and strategic pillars, which describe our key actions.

Our vision is 'Excellence in healthcare through a highly trained medical workforce.'

Our purpose '... is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.'

We have three key themes through our strategic plan. The first theme is our accountability – a commitment to working with partners and stakeholders to achieve the outcomes in our strategic pillars. The second theme is our commitment to identifying and meeting community need in medical education, training and assessment.

We have developed five strategic pillars, each with key actions. The pillars are:

- Our Accountability: Promoting and protecting the health of the Australian community through working with our partners and stakeholders.
- Medical education and training responsive to community health needs: Promoting medical education and training that is responsive to the workforce needs of the Australian community.
- Promoting Aboriginal, Torres Strait Islander and Māori health: Ensuring culturally safe practice to improve health outcomes
- Professional practice in an exponentially changing world: Promoting professional and humanistic practice in a world of increasing technological change and Artificial Intelligence.
- Business with a purpose: Managing our business in an ethical, efficient and sustainable way.

The third theme is our values. Values that describe how we will work together, internally and with our partners and stakeholder. The six values are:

- Openness and accountability
- Collaboration
- Innovation
- Striving for excellence

- Integrity
- Cultural safety and cultural competence.

All our people have shown a commitment to the values, defining what they mean for the AMC and owning them.

We have developed plans for each strategic pillar. They define our priorities for the next twelve to eighteen months, and include:

- Building our knowledge of community health need and how medical education and training is meeting that need. Research is an important part of this, and includes the preparedness of medical students entering practice (as an Intern), the national doctor in training survey (with the Medical Board of Australia), and engagement with partners and stakeholders.
- Developing policy, in alignment with changes approved by the COAG Health Ministers, for improvements to medical intern training. This includes a measurable two-year capability and performance framework, development of a certification process for transition to practice, and identification of new accreditation arrangements.
- Implementing our Reconciliation Action Plan and ensuring all our people receive training in cultural safety.
- Undertaking evaluation and research to help us determine how accreditation standards affect health outcomes for Aboriginal, Torres Strait Islander and Maori people.
- Developing ethical standards and accreditation standards covering the use of technology and Artificial Intelligence in medical education and training.
- Building the sustainability of the AMC's National Test Centre through continuing to provide systems and capability to deliver best practice assessment.
- Completing the review of AMC handbooks including the 'Anthology of Medical Conditions' and 'Good Medical Practice'.

The further development of the AMC's culture has also been a priority through my first months as CEO. Engagement with and inclusion of staff in defining our strategy, our priorities, our values and opportunities for improvement in systems and processes have been important aspects of this. Our staff continually demonstrate high standards of professionalism, leadership and commitment that make the AMC such a successful organisation.



In September 2017 the AMC responded to the draft report of the Accreditation Systems Review. In responding to the review, the AMC has considered how it addresses the challenges of and opportunities from operating in a National Registration and Accreditation Scheme that covers multiple health professions while continuing to improve how it delivers accreditation functions for medicine. The AMC had expressed a number of concerns regarding the draft report's recommendations, particularly the potential for the proposed governance and administrative changes to add bureaucracy and red tape, and increase costs without significant benefit; and to diminish the profession's input into accreditation and the setting of standards. The AMC is now awaiting release of the final report.

The AMC is committed to striving for excellence and continuous quality improvement in everything that we do. The review of our medical school accreditation standards and processes undertaken by the World Federation of Medical Education reflects this. The WFME has granted the AMC recognition status for 10 years without conditions. Further, we are pleased that the Medical Board of Australia and AHPRA have re-assigned the AMC as the accreditation authority for medicine for a further five years until June 2024.

Equally, our approach to the assessment of international medical graduates is excellent. The National Test Centre provides world-leading technology for the running of our Clinical examination. And like we have with accreditation, we are increasingly benchmarking our assessment models with jurisdictions within and outside Australia to seek continual improvement.

The AMC continues to work collaboratively with partners, stakeholders and the community to ensure we share our knowledge and expertise for improving the health of the Australian community. We meet regularly with medical schools, colleges, the MBA and AHPRA, Departments of Health, politicians, and the Health Professions Accreditation Collaborative Forum. This engagement will be ongoing with the aim of supporting the delivery of our strategic plan.

Finally, I would like to thank Theanne Walters, Deputy CEO, and all other AMC staff for making me welcome. It is a privilege to work with you and learn from you.

Philip Pigou
Chief Executive Officer



ABOUT US

The Australian Medical Council (AMC) is a charitable company limited by guarantee that is subject to the *Corporations Act 2001* and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act). The AMC was established in 1985 to promote the highest possible standards of medical education, training and practice in Australia.

As a for-purpose organisation the AMC works to ensure that its medical education standards promote and protect the health of the Australian community. The Council supports the National Registration and Accreditation Scheme to facilitate the provision of high quality education and training of health practitioners. The accreditation of programs of study and education providers is the primary way of achieving this.

The AMC operates in accordance with its Constitution which sets out the terms of formation, membership, chair, term of office and quorum for the Council and its committees. The members have the ultimate right to determine the future of the AMC and can determine whether it should be wound up or should cease to undertake particular functions. Council can require a general meeting to be called and is ultimately responsible for the appointment and removal of AMC Directors.

In the complex regulatory framework of 21st century medicine, the AMC's governance structure not only reflects its core business functions but is designed to capture a range of views from inside and outside the profession, and to allow a flexible and responsive configuration of AMC resources in response to strategic priorities. As a part of this role the AMC also advises and makes recommendations to Federal, State and Territory governments, the Australian Health Workforce Advisory Council, the Australian Health Practitioner Regulation Agency, the Medical Board of Australia, and State and Territory boards of the Medical Board of Australia, and any other state and territory medical regulatory authorities.

GOVERNANCE

The Australian Medical Council

The 27 members of the AMC are appointed according to the Constitution and are drawn from a wide cross-section of the groups associated with medical education, health delivery and with the standards of medical practice in Australia. The members include:

- those with expertise in medical regulation;
- those with expertise in the education and training of medical students and medical practitioners, including universities, medical schools, specialist medical colleges and postgraduate medical councils;
- doctors in training and medical students;
- representatives of the medical profession;
- health consumers and community members;
- health service managers;
- those with expertise in improving safety and quality in the health care system;
- Aboriginal, Torres Strait Islander and Māori members;
- Ex officio the Chairs of each of the four AMC standing committees.

THE AMC DIRECTORS

The AMC Directors manage the company's business activities including having responsibility for determining the direction of, and receiving reports from, any AMC committee. The Directors meet at regular intervals and have in place mechanisms for the conduct of special meetings. The AMC Directors also authorise expenditure of the AMC's moneys for purposes relating to the AMC's affairs. The AMC Directors include:

- The President – elected by the AMC;
- The Deputy President – elected by the AMC;
- Three Members elected by the AMC; and
- Ex officio, the chair of each of the Medical School Accreditation Committee, the Prevocational Standards Accreditation Committee, the Specialist Education Accreditation Committee, and the Assessment Committee.

The AMC governance structure also includes four standing committees established by the Council. The Directors appoint the members of AMC committees, and assign the particular functions and responsibilities for *each committee*. The AMC committees report to Directors and assist them in their governance role. The AMC standing committees include the:

- Medical School Accreditation Committee (performs functions in connection with the accreditation of medical schools and courses)
- Prevocational Standards Accreditation Committee (performs functions in connection with the setting of standards and accreditation of medical training and education in the prevocational medical education phase)

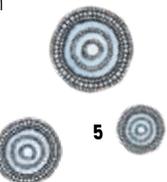
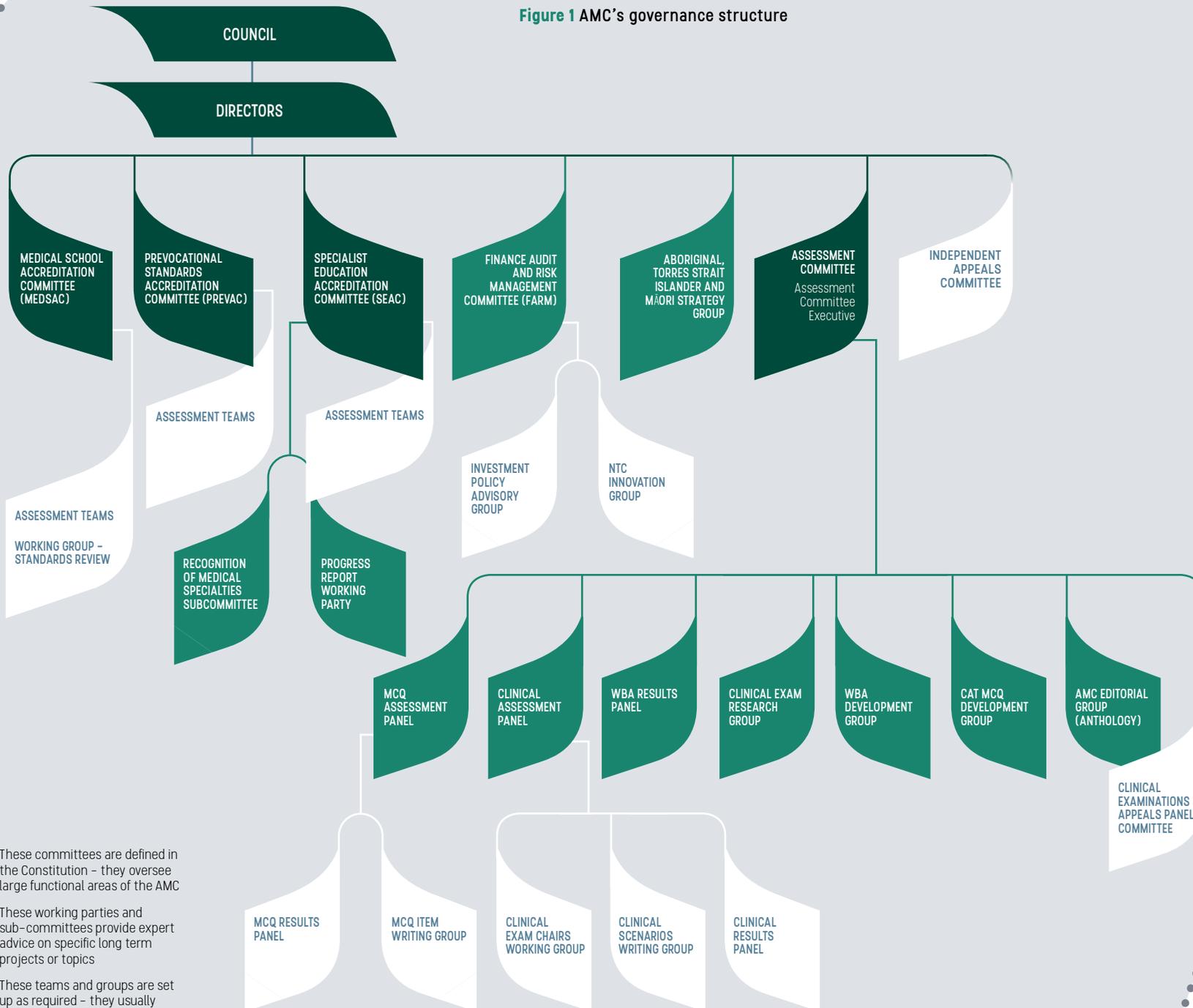


Figure 1 AMC's governance structure



A These committees are defined in the Constitution – they oversee large functional areas of the AMC

A These working parties and sub-committees provide expert advice on specific long term projects or topics

A These teams and groups are set up as required – they usually have a defined task to complete within a time limit

- Specialist Education Accreditation Committee (performs functions in connection with the accreditation of specialist medical education, training and professional development programs)
- Assessment Committee (performs functions in connection with the assessment of medical practitioners for the purposes of registration)

The Finance, Audit and Risk Management Committee provides high-level advice to the Directors on the organisation's budgets and finances. The purpose of the Committee is to assist the AMC Directors to fulfil their corporate governance and oversight responsibilities in relation to financial reporting, risk management, internal controls, project management, external audit and compliance with relevant laws, regulations and codes. The Finance, Audit and Risk Management Committee is authorised to obtain outside legal or other independent professional advice as necessary to assist it fulfil its responsibilities to the AMC. All members of the Finance, Audit and Risk Management Committee including the external chair are appointed by AMC Directors.

The AMC Governance structure is at Figure 1.

THE AMC CORE FUNCTIONS

As the accrediting authority for the medical profession, the AMC supports the National Registration and Accreditation Scheme (the National Scheme), and its core business functions relate to the key objectives of the National Scheme. These core functions, which are set out in the AMC's Constitution, include:

- to improve health through advancing the quality and delivery of medical education and training associated with the provision of health services in Australia and New Zealand
- to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law
- to develop accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and New Zealand and for assessment of international medical graduates for registration in Australia

- to assess programs of study based predominantly in Australia and New Zealand leading to general or specialist registration of the graduates of those programs to practise medicine in Australia to determine whether the programs meet approved accreditation standards, and to make recommendations for improvement of those programs
- to assess education providers based predominantly in Australia and New Zealand that provide programs leading to registration of the graduates to practise medicine in Australia, to determine whether the providers meet approved accreditation standards
- to assess other countries' examining and accrediting authorities to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities have the knowledge, clinical skills and professional attributes necessary to practise medicine in Australia
- to assess or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners seeking registration to practise medicine in Australia
- to assess the case for recognition of medical specialties
- to advise and make recommendations to regulatory authorities and government
- to work with international health, accreditation and testing authorities and agencies to bring about improvement in the furtherance of these objects.

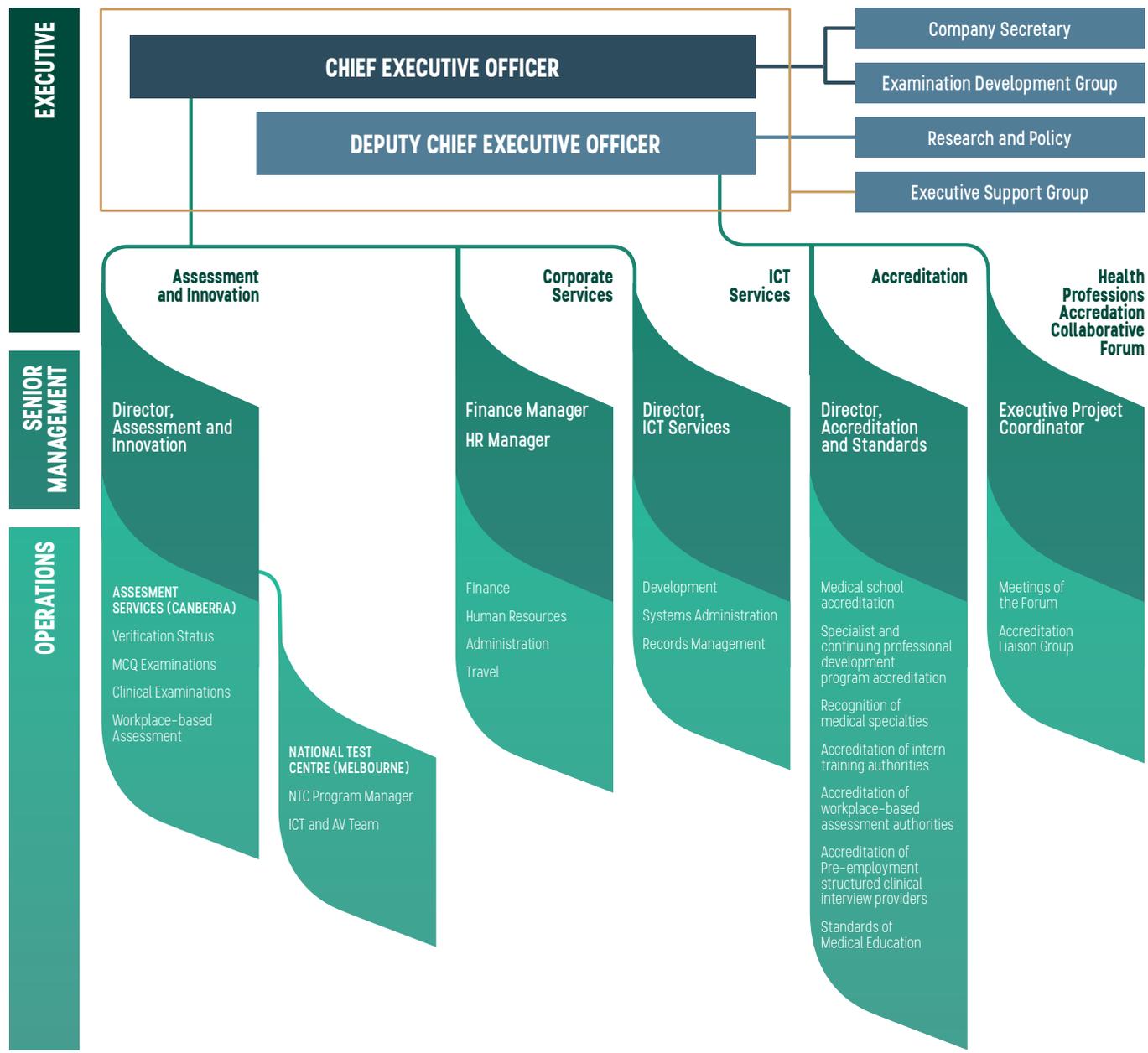
THE AMC SECRETARIAT

The Secretariat is the administrative arm of the AMC. The administrative head is the Chief Executive Officer. The Secretariat provides governance support and advice to Council, AMC Directors and AMC committees including standing committees, working parties, panels and expert advisory groups.

The Secretariat aims to ensure that the business of the AMC conducted through its peak governance bodies is facilitated in accordance with the AMC Constitution, and rules and regulations as per the corporate legislation that applies - i.e. Corporations Act, ACNC Act - as well as the terms of reference for AMC committees.

The Secretariat also manages the main activities of the AMC - that is, the accreditation of medical education programs and providers and the assessment of international medical graduates.





THE AMC STRATEGIC PLAN 2018 TO 2028

Purpose

The AMC's purpose is to ensure that standards of education, training and assessment of the medical profession protect and promote the health of the Australian community.

Vision

Excellence in health care through a highly trained medical workforce.

During the early part of 2018 the AMC Directors and staff held several planning days to design the strategic priorities for the next 10 years. Part of the purpose of the AMC's strategic priorities is to strengthen the linkage between its core business functions and its operating environment by taking into account community need, policy settings, and by promoting organisational responsiveness to change. The strategy's emphasis on promoting Aboriginal, Torres Strait Islander and Māori health is a direct response to the gap in health outcomes between non-Indigenous people and Aboriginal and Torres Strait Islander people in Australia and Māori in New Zealand.

The imperative of health equity has resulted in the AMC progressively introducing Aboriginal, Torres Strait Islander and Māori health and cultural competence accreditation standards across the medical education continuum. Aboriginal, Torres Strait Islander and Māori assessors have joined AMC accreditation assessment teams and committees and in so doing have contributed to changes to codes and professional standards. Over the past decade, Aboriginal, Torres Strait Islander and Māori curriculum material has been delivered in medical schools and colleges, as well as mechanisms to recruit and support Aboriginal, Torres Strait Islander and Māori students. It is by closing the circle from community need, through AMC standards and policies, to practitioner education and capability development, that the AMC aims to achieve a positive impact on health outcomes.



STRATEGIC PRIORITIES

1 OUR ACCOUNTABILITY

Promoting and protecting the health of the Australian community through working with our partners and stakeholders

ACTIONS

- 1.1 We will identify areas of common strategic intent with the Medical Board of Australia, Australian Health Practitioner Regulation Agency and other accreditation authorities and build partnerships to undertake joint initiatives in areas of shared interest.
- 1.2 We will demonstrate our openness and accountability through seeking feedback and commissioning evaluation to improve what we do.

2 MEDICAL EDUCATION AND TRAINING RESPONSIVE TO COMMUNITY HEALTH NEEDS

Promoting medical education and training that is responsive to the workforce needs of the Australian community

ACTIONS

- 2.1 We will ensure that the changing health care needs of Australian communities and changes in health delivery are reflected in the requirements for medical professional practice and education.
- 2.2 Using the accreditation standards and procedures, we will work with medical training providers to demonstrate how medical programs respond to the community needs for medical workforce.
- 2.3 We will work with partners and stakeholders, to identify and implement strategies that improve the quality of training, with particular attention to transition points in career pathways.
- 2.4 We will work with the Medical Board of Australia and other partners to develop surveys and research, to implement improvements in the quality of training programs and doctors' transitions between different stages of training.
- 2.5 We will continue to promote team-based practice and patient-centred care.

2.6 We will work with partners to foster a shared understanding of the changes in medical education and training required to build a medical workforce capable of providing general care in broad specialties across urban and rural settings.

2.7 We will support the development of work-based assessment as a method for assessing the performance of international medical graduates against the standards required for practice in Australia.

AMC Values

Openness and accountability
Collaboration
Innovation
Striving for excellence
Integrity
Cultural Safety

3 PROMOTING ABORIGINAL, TORRES STRAIT ISLANDER AND MĀORI HEALTH

Ensuring culturally safe practice to improve health outcomes

ACTIONS

- 3.1** We will develop a Reconciliation Action Plan.
- 3.2** We will work with key Aboriginal, Torres Strait Islander and Māori stakeholders and other partners to define cultural safety.
- 3.3** We will advocate for change to the National Law to incorporate cultural safety as a professional requirement.
- 3.4** We will review how culturally safe practice will be included in all AMC international medical graduate assessment models.
- 3.5** We will develop a reflective piece outlining the AMC's work with its Aboriginal, Torres Strait Islander and Māori partners in improving health outcomes.
- 3.6** We will review how accreditation standards affect health outcomes for Aboriginal, Torres Strait Islander and Māori people.
- 3.7** We will work with partners to develop a best practice resource for doctors in caring for Aboriginal, Torres Strait Islander and Māori patients and their families.

4 PROFESSIONAL PRACTICE IN A CHANGING WORLD

Promoting professional and humanistic practice in a world of increasing technological change and artificial intelligence

ACTIONS

- 4.1** We will use accreditation standards and procedures to encourage medical education and training that is consistent with how technology and artificial intelligence could affect the future delivery of medical care.
- 4.2** We will collaborate with stakeholder groups to develop ethical standards for the use of technology and artificial intelligence in medical care.
- 4.3** We will promote the attributes of humanism, compassion and cultural safety, which are central to the delivery of good medical care, in medical education, training and professional performance curricula.
- 4.4** We will collaborate with stakeholders to encourage the use of technologies that drive higher standards of healthcare and reduce health inequity.

5 BUSINESS WITH A PURPOSE

Managing our business in an ethical, efficient and sustainable way

ACTIONS

- 5.1** We will strive to achieve international best practice by benchmarking ourselves with comparable organisations.
- 5.2** We will host partner and stakeholder workshops to share knowledge, information and approaches as we work towards our strategic aims.
- 5.3** We will increase our collaboration with other organisations to optimise use and potential of the National Test Centre.
- 5.4** We will improve the quality of assessment and accreditation methods with the aim of protecting the health of the Australian community.
- 5.5** We will update the delivery media for the AMC's publications and handbooks.
- 5.6** We will review the feasibility of increasing the capacity of the National Test Centre – either in collaboration with other accreditation authorities or by ourselves.
- 5.7** We will engage and seek contribution from all AMC teams, staff and business partners to enable an approach of continual improvement and effectiveness achieving the AMC's purpose, vision and values.

The AMC is internationally recognised for its work in the key areas of accreditation of medical programs and assessment of international medical graduates. The AMC commits itself to national and international review, to build on its strengths and develop and implement a range of new activities.

Mr Ian Frank AM departure

After 30 years with the AMC, in December 2017, the AMC farewelled the Chief Executive Officer, Mr Ian Frank.



Mr Ian Frank AM presenting at the Grand Hyatt Melbourne

World Federation of Medical Education

The World Federation for Medical Education process for recognition of accreditation agencies is a review of the accrediting agency's mandate, its accreditation policies and procedures, followed by observation of the agency's typical accreditation work. The AMC submitted a detailed recognition submission to WFME and hosted a visit by the recognition team in June 2017.

On 10 January 2018, the AMC received confirmation that it had been awarded WFME Recognition Status, without conditions, for a period of ten years, until 31 January 2028. The WFME Recognition Committee agreed that the AMC is recognised as working to standards that have been appropriately formulated and applied, and is credible in its policies and procedures to assure the quality of medical education in programs and schools that it accredits. As standard process, the AMC will be required to provide annual status reports to WFME.

General Meeting of Council 2018: Canberra

The AMC held its General Meeting of Council in Canberra in June 2018. The meeting focused on rural and remote health and generalism, with the following guests presenting to the group:

- Professor Amanda Barnard: Associate Dean (Rural Clinical School & Indigenous Health)
- Mr Jeff House: Chief Executive Officer of Services for Australian Rural and Remote Allied Health
- Professor Brendan Murphy: Chief Medical Officer, Department of Health
- Professor Richard Murray: President of the Medical Deans Australia and New Zealand / Dean, School of Medicine and Dentistry, James Cook University

The meeting also included the following panel discussions:

- The training pipeline for junior doctors, discussion on the new rural medical schools in the Murray-Darling Basin, and a discussion on the reliance on overseas trained doctors

- Address the AMC's response to the issues raised by Panel 1 – e.g. where to now for the AMC? What are the leading issues? What could be included in the AMC site visits to Tasmania later in the year?

Aboriginal, Torres Strait Islander and Māori Strategy Group: Forum with Peak Indigenous Bodies

In June 2018, the Aboriginal, Torres Strait Islander and Māori Strategy Group held a forum with peak Indigenous health, education and research bodies. The Group was in agreement that it is important for the AMC to ensure that:

- The Reconciliation Action Plan is aligned with core business and includes broader social movements – e.g. endorsement by AMC of the *Uluru Statement from the Heart*.
- Cultural safety is seen as a core part of medicine and not an add-on – noting that LIME (Leaders in Indigenous Medical Education) plays an important role in ensuring inclusion in professional development for lecturers and clinicians but the limited knowledge or control of what senior clinicians teach on ward rounds regarding Indigenous health.
- The place of interprofessional education in improving Aboriginal health is recognised.
- Aboriginal and Torres Strait Islander issues are integrated through work of AMC.
- Standards are reviewed for things that do or do not work.
- Assessment drives learning and that standards need to play a role in this.
- Assessor skills are reviewed and the notes are put back in standards for basic medical education.
- Rural clinical schools examples of success in highlighting interprofessional, comprehensive approach to the integration of curriculum with clinical practice – how this can translate to improving Indigenous health in medical education.



Australian Indigenous Doctors Association (AIDA) 2017 conference

Building on the work of the Aboriginal, Torres Strait Islander and Māori Strategy Group the AMC was a bronze sponsor of the 2017 Australian Indigenous Doctors Association (AIDA) conference (20 - 22 September). The AMC was represented by the Deputy Chief Executive Officer Theanne Walters, Company Secretary Karin Oldfield and Executive Officer Fiona van der Weide.

As well as attending the plenary sessions Ms Walters joined a panel to discuss organisational experiences relating to culture and how to ensure a workplace or a system is culturally safe. Other panel members included Professor Helen Milroy (Commissioner, Royal Commission into Institutional Responses to Child Sexual Abuse), Dr Kali Hayward (Australian Indigenous Doctors Association President), Mr John Batten (President of the Royal Australasian College of Surgeons), Professor Brian Kelly (Dean of the Joint Medical Program) and the Hon Ken Wyatt (Minister for Indigenous Health).

Panel members were asked: What is culture? Responses were focused on organisational experiences relating to culture and on whose responsibility it is to ensure a workplace or a system is culturally safe.



AMC and the Australian Medical Board 2017 preparedness for internship survey

In 2017, the AMC and Medical Board of Australia (Medical Board) undertook their first national Preparedness for Internship Survey. The survey was designed to find out how prepared medical graduates feel for internship and, using the standard setting roles of the Medical Board and the AMC, to improve how medical schools prepare graduates for internship.

The AMC is using feedback from interns received in the 2017 survey to drive the scope of its reviews of medical school accreditation standards and the National Internship Framework. Medical schools, intern training accreditation authorities and intern training providers are also using feedback from the 2017 survey to support the transition from medical school to internship.

All medical schools received their survey data and were asked to inform the AMC of how they would use the data in their own program evaluation processes. The AMC published a document analysing the survey outcomes in April 2018: <http://www.amc.org.au/accreditation/primary-medical-education/joint-amc-mba-preparedness-for-internship-survey>. Stakeholder feedback on the 2017 survey has been positive. The survey will be repeated in late 2018.



COUNCIL MEMBERS AND DIRECTORS



The full Council is responsible for determining the AMC's future, electing the President and Deputy President, and appointing and removing directors.

Members of the Council are drawn from a wide cross-section of stakeholder groups associated with medical education, health delivery and standards of medical practice in Australia. They include:

- experts in medical regulation;
- experts in the education and training of medical students and medical practitioners;
- doctors in training and medical students;
- Aboriginal, Torres Strait Islander and Māori members;
- representatives of the medical profession;
- health consumers and community members;
- health service managers; and
- experts in improving safety and quality in the health care system.

The Directors are responsible for the management of the AMC's business. They receive high-level advice on budgets and finances from the AMC's Finance, Audit and Risk Management Committee. The Directors for all or part of the 2017-18 financial year are listed in the Directors' 2017 Report in the financial statements, where their attendance at meetings is also detailed.

The Council are also responsible for maintaining the Constitution and ensuring it is fit for purpose, and fits the current environment. The Council amended the Constitution in December 2017, and changed the position of the Chief Executive officer to no longer be a Director of the organisation, and some other minor modifications.

The Council and Directors membership as at June 2017 are listed at Appendix A and Appendix B.

COMMITTEES

The work of the AMC is supported by its standing committees, expert panels and working parties.

Table 1 lists the main committees and their functions. Committee members are listed in Appendix A.

Table 1 Committees and their functions

Committee	Function
Assessment Committee Panels and Item Development groups	Monitors the operation of the AMC examinations and reviews the performance of the MCQ Examination, Clinical Examination and Workplace-based Assessment. Three panels report to the Committee: MCQ Assessment Panel, the Clinical Assessment Panel and the Workplace-based Assessment Results Panel. The Committee and its panels oversee the AMC examination process and advise Directors on international medical graduate assessment issues.
Finance, Audit and Risk Management Committee	Advises and assists the AMC Directors with their responsibilities for managing the business of the AMC. These include the AMC's internal accounting and financial control systems, internal audit, external audit, financial statements, financial reporting processes, investment policy and the effective management of risk, compliance with laws and regulations for operating as a company and a business.
Prevocational Standards Accreditation Committee	Established in June 2013 and oversees AMC accreditation and review processes for the prevocational phase of medical education including: review of intern training accreditation bodies, accreditation of international medical graduate assessment processes for workplace-based assessment and pre-employment structured clinical interviews.
Medical School Accreditation Committee	Oversees the process for assessment and accreditation of primary medical education programs and their providers.
Specialist Education Accreditation Committee	Oversees the process for assessment and accreditation of specialist medical education programs and continuing professional development programs.



STAKEHOLDERS

The AMC works with stakeholders to ensure that Australia is serviced by a safe and competent medical workforce. The AMC enables and encourages stakeholder engagement by:

- providing for stakeholder nominees to contribute directly to decision making and policy development through membership of AMC committees, working parties and other expert groups;
- participating in regular meetings with national stakeholders;
- developing and maintaining international links with accreditation agencies and other stakeholders;
- collaborating with stakeholders and undertaking joint work with them; and
- consulting stakeholders about policies and contributing to external inquiries.

Some of the AMC's major stakeholders include:

Medical Board of Australia and Australian Health Practitioner Regulation Agency

The AMC, as the Medical Board of Australia's appointed accreditation authority under the Health Practitioner Regulation National Law (the National Law), works closely with the Medical Board to ensure that the board is kept informed of the way the AMC discharges its accreditation functions and that it receives the reports and information required under the National Law. It also works collaboratively with the Australian Health Practitioner Regulation Agency, which supports the work of the Medical Board of Australia, by facilitating the flow of information between the AMC and Australian Health Practitioner Regulation Agency offices in relation to applications for registration of international medical graduates. Quarterly meetings are held between the AMC, Australian Health Practitioner Regulation Agency and the Medical Board of Australia and six monthly reports to Australian Health Practitioner Regulation Agency provide updates on the ongoing work and activities of the AMC.

Health Professions Accreditation Collaborative Forum

The Health Professions Accreditation Collaborative Forum (the Forum) is a coalition of the accreditation authorities of the regulated health professions. The AMC, as the appointed accreditation authority for the Medical Board of Australia, is a member of the Forum and provides it with secretariat and administrative support. The Forum works collaboratively to support good accreditation practices and to work with accreditation council staff across the professions to strengthen networking opportunities and share understanding of accreditation processes; contributes to national boards and Australian Health Practitioner Regulation Agency meetings on accreditation matters.

Council of Presidents of Medical Colleges

The Council of Presidents of Medical Colleges brings together the specialist medical colleges of Australia. The Council of Presidents of Medical Colleges seeks to ensure that individual medical specialties have a broad base of intercollegiate knowledge, as well as providing policy development and objective advice on health issues to Government and the wider community. The AMC attends quarterly meetings with the Council of Presidents of Medical Colleges and provides regular reports on its work and accreditation activities.

Leaders in Indigenous Medical Education (LIME)

The LIME Network is a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and graduation of Indigenous medical students. It seeks to build multi-disciplinary and multi-sectoral linkages and to provide quality review, professional development, capacity-building; and advocacy functions. The LIME Network recognises and promotes the primacy of Indigenous leadership and knowledge, and supports collaboration within and between medical schools in Australia

and New Zealand to support the development, delivery and evaluation of quality Indigenous health content in medical education. The AMC attended the 2017 LIME conference *The Future of Indigenous Health Education: Leadership, Collaboration, Curriculum* in April and presented on the AMC's work with Indigenous Health and Education.

Western Pacific Association for Medical Education The Western Pacific Association for Medical Education is the division of World Federation for Medical Education concerned with the support and development of medical education in the countries in the Western Pacific Region of WHO. Australia sits in the Western Pacific Region, which covers the largest region by population and by number of medical schools. The AMC has been providing the Secretariat support for Western Pacific Association for Medical Education and for the Western Pacific Association for Medical Education President since 2014.

In November 2017, Directors agreed to the AMC continuing to provide the Secretariat for Western Pacific Association for Medical Education for a further four-year period from June 2018.

Stakeholder engagement

The AMC meets with numerous peak bodies representing its many and varied stakeholders including:

- Medical Deans Australia and New Zealand
- Universities Australia
- Council of Presidents of Medical Colleges
- Australian Indigenous Doctors' Association
- Medical Council of New Zealand
- Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association (Te ORA)
- Confederation of Postgraduate Medical Education Councils



The AMC is the accreditation authority for accrediting education providers and programs of study for the medical profession under the Health Practitioner Regulation National Law. This role includes developing accreditation standards, accrediting programs and providers that meet standards, and monitoring accredited programs and providers to ensure they continue to meet standards. It also accredits intern training accreditation authorities, authorities to conduct workplace-based assessment and pre-employment structured clinical interviews. Additionally, it takes part in many international accreditation activities, sharing expertise and experience with the accreditation authorities of other health professions and from other countries.

OVERSEAS SECONDMENT FOR AMC STAFF MEMBER

The AMC seeks opportunities for international collaboration and professional development of AMC staff and has supported a number of overseas secondments by AMC staff. In April 2018, the Manager of Prevocational Standards Accreditation, Sarah Vaughan, undertook a two-month secondment hosted by the Netherlands authority for accreditation of specialist medical training. Sarah's secondment was able to focus on two areas of work:

- Generalism and specialisation: While there are differences between the structure of the health services, and the processes for policy development and levers for change in the two countries, there are opportunities for shared learning about different models and how the issues concerning generalist medical practice and increasing subspecialisation are being addressed.
- Further work relating to the review and refinement of the accreditation framework <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-017-0937-9> developed by Dr Nesibe Akdemir, a PhD candidate, during her 2016 secondment to the AMC.

ACCREDITATION OF MEDICAL PROGRAMS

Under the National Law, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider that provides it meet an approved accreditation standard. The AMC may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Medical Board to make a decision on the approval of the program of study for registration purposes.

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
 - assessment of new providers and programs, and new intern training accreditation authorities
 - assessment of proposals for material change in established programs
- assessment for the purposes of reaccreditation of established programs and their medical education providers.

Under its accreditation policy, the AMC may extend accreditation on the basis of satisfactory comprehensive reports. Comprehensive reports are due in the sixth year of the education provider's accreditation period, which is when accreditation expires. If the report demonstrates that the provider is continuing to meet the accreditation standards, the AMC may extend the period of accreditation up to four years, taking accreditation to a period of 10 years since the last assessment by an AMC team. Comprehensive reports provide an analysis of challenges and developments planned for the next four to five years together with the information required in regular progress reports, namely a short report on each accreditation standard and any accreditation conditions.

In 2017-18, the AMC made the accreditation decisions listed below. Each decision was reported to the Medical Board of Australia. The Medical Board announces its decisions on the approval of AMC-accredited programs for the purposes of registration via communiques: <http://www.medicalboard.gov.au>.

The AMC accreditation reports are published on the AMC website www.amc.org.au.

MEDICAL SCHOOLS AND PROGRAMS

The Medical School Accreditation Committee oversees and advises the AMC Directors on the accreditation process for primary medical programs and providers. Based on recommendations and reports from the Committee, the AMC Directors make accreditation decisions concerning medical programs. The AMC informs the Medical Board of Australia of Directors' accreditation decisions and provides the accreditation report so that the Medical Board is able to make a decision on approval of the accredited program for the purposes of registration.

University of Notre Dame Australia, School of Medicine Sydney: Reaccreditation

The University of Notre Dame Australia, School of Medicine, Sydney offers a four-year graduate-entry Doctor of Medicine program and is concurrently teaching out a four-year graduate-entry Bachelor of Medicine / Bachelor of Surgery program. The School will take no new intakes into the Bachelor of Medicine / Bachelor of Surgery from January 2017. From 2017 the School of Medicine is delivering both the new Doctor of Medicine and the Bachelor of Medicine / Bachelor of Surgery (as taught out).

An AMC team conducted a reaccreditation assessment of the School of Medicine's programs from 1-5 May 2017.



The Directors at their 26 October 2017 meeting found that the medical programs of the University of Notre Dame Australia, School of Medicine Sydney continue to meet the accreditation standards. Directors granted accreditation of the Bachelor of Medicine / Bachelor of Surgery program to 31 March 2022, and granted accreditation of the Doctor of Medicine program to 31 March 2024. Accreditation of both programs is subject to satisfactory progress reports and reports on conditions.

Western Sydney University, School of Medicine: Reaccreditation

Western Sydney University, School of Medicine is seeking reaccreditation of its medical program, it offers a Bachelor of Medicine / Bachelor of Surgery five-year, undergraduate program. From 2019, the Bachelor of Medicine / Bachelor of Surgery will no longer take new enrolments and will be replaced by the five-year Bachelor of Clinical Sciences / Doctor of Medicine program.

An AMC team conducted a reaccreditation assessment of the School of Medicine's program from 29 May – 2 June 2017.

The Directors at their 24 November 2017 meeting found that the medical programs of the Western Sydney University, School of Medicine meet the accreditation standards. Directors granted accreditation of both the Bachelor of Medicine / Bachelor of Surgery and Bachelor of Clinical Sciences / Doctor of Medicine programs to 31 March 2023 (N.B. no new enrolments will be taken for the Bachelor of Medicine / Bachelor of Surgery from 2019). Accreditation of both programs is subject to satisfactory progress reports and reports on conditions.

Monash University, Faculty of Nursing, Medicine and Health Sciences: Reaccreditation

The Monash University, Faculty of Nursing, Medicine and Health Sciences delivers a five-year direct-entry and four-year graduate entry Bachelor of Medicine / Bachelor of Surgery and five-year and four-year Doctor of Medicine program (introduced in 2017).

From 2017, the Faculty started delivering both the new MD and the Bachelor of Medicine / Bachelor of Surgery. The Bachelor of Medicine / Bachelor of Surgery programs are in teach-out phase, and the last cohort commenced the program in 2016. The Bachelor of Medicine / Bachelor of Surgery will conclude in 2020, and be replaced by the Doctor of Medicine programs. Students in the Doctor of Medicine programs will graduate with Bachelor of Medical Science and Doctor of Medicine.

An AMC team conducted a reaccreditation assessment of the Faculty's programs from 31 July – 2 August 2017 (Malaysia) and 21 – 25 August (Clayton/Gippsland).

The Directors, at their 18 December 2017 meeting found that the medical programs of Monash University, Faculty of Nursing, Medicine and Health Sciences meet the accreditation standards. Directors granted accreditation of the Bachelor of Medicine / Bachelor of Surgery / Doctor of Medicine program to 31 March 2024, and granted accreditation of the Bachelor of Medicine / Bachelor of Surgery program to 31 March 2022. Accreditation of both programs is subject to satisfactory progress reports and reports on conditions.

University of Notre Dame Australia, School of Medicine, Fremantle: Short term extension of accreditation

The University of Notre Dame Australia, School of Medicine, Fremantle offers a Bachelor of Medicine / Bachelor of Surgery program and a Doctor of Medicine (MD) program. The Bachelor of Medicine / Bachelor of Surgery is currently being phased out and the MD program is accredited to March 2023.

The Directors at their 18 December 2017 meeting extended the accreditation of the Bachelor of Medicine / Bachelor of Surgery program from 31 March 2018 to 31 March 2020, in order to accommodate those students who have not yet completed the program.

Medical School Accreditation Committee

- 4 meetings
 - 3 medical school assessments (reaccreditations)
 - 1 comprehensive report
 - 16 progress reports (4 of these included reports on conditions)
 - 1 separate reports on conditions
- Revision of accreditation standards (currently underway)
- Minor revision to *AMC Procedures for Assessment and Accreditation of Medical Schools*
- Accreditation workshop



Specialist Education Accreditation Committee

- 5 Committee meetings
- 4 College assessments
- 2 Progress report with review visits
- 2 Comprehensive reports
- 7 Progress reports

Procedures for Assessment and Accreditation of Programs Leading to Endorsement of Registration of Medical Practitioners for Acupuncture

The Australian Medical Acupuncture College 2018 initial accreditation assessment

Develop Code of Conduct for AMC accreditation assessment processes

Establishing Recognition of Medical Specialties Sub-Committee

AMC Workshop on Assessment – 1 November 2017

Medical College Forum – 5 December 2017

Specialist Education Accreditation Committee Workshop – 27 March 2018

University of Adelaide, Faculty of Health and Medical Sciences: Comprehensive report

The Directors at their 23 February 2018 meeting found that the University of Adelaide, Faculty of Health and Medical Sciences and its six-year Bachelor of Medicine / Bachelor of Surgery program, continue to meet the accreditation standards and approved the extension of accreditation to 31 March 2022, subject to the submission of satisfactory progress reports and report on conditions.

The Medical Board of Australia at its 28 March 2018 meeting approved the Faculty's medical program as providing a qualification for the purpose of registration until 31 March 2022.

SPECIALIST MEDICAL EDUCATION AND TRAINING

Royal Australasian College of Surgeons: Reaccreditation

An AMC team completed an assessment of the training, education and continuing professional development programs of the Royal Australasian College of Surgeons in June 2017.

The Directors at their 24 November 2017 meeting found that the programs of the Royal Australasian College of Surgeons substantially meet the accreditation standards. Directors granted accreditation to 31 March 2022, subject to the submission of satisfactory progress reports and report on conditions to Royal Australasian College of Surgeons programs in the following recognised fields of specialty to 31 March 2022:

- Cardio-thoracic surgery
- General surgery
- Neurosurgery
- Orthopaedic surgery
- Otolaryngology – head and neck surgery

- Paediatric surgery
- Plastic and Reconstructive Surgery
- Urology
- Vascular surgery

Australasian College for Emergency Medicine: Extension of accreditation

The Australasian College for Emergency Medicine and its programs underwent an AMC reaccreditation assessment in September 2017.

The Directors at their 24 November 2017 meeting extended the accreditation of the Australasian College for Emergency Medicine and its programs from 31 March 2018 to 30 September 2018, in order for the program to remain accredited until a new decision could be made.

Australian College of Rural and Remote Medicine: Comprehensive report

The Directors at their 24 November 2017 meeting found that the Australian College of Rural and Remote Medicine and the Vocational Preparation Pathway, the Remote Vocational Training Scheme and the Independent Pathway, and the continuing professional development programs in the specialty of general practice meet the accreditation standards and approved the extension of accreditation to 31 March 2022, subject to the submission of satisfactory progress reports.

Royal Australian and New Zealand College of Psychiatrists: Comprehensive report

The Directors at their 24 November 2017 meeting found that the Royal Australian and New Zealand College of Psychiatrists training and education programs and the continuing professional development programs in the specialty of psychiatry meet the accreditation standards and approved the extension of accreditation to 31 March 2020.



The extension of two years will allow time for the College to progress on outstanding issues. The AMC may consider a further three years' extension, pending the submission of satisfactory progress reports in 2018 and 2019.

Australasian College of Dermatologists: Reaccreditation

An AMC team completed an assessment of the training, education and continuing professional development programs of the Australasian College of Dermatologists in September 2017.

The Directors at their 6 March 2018 meeting found that the programs of the Australasian College of Dermatologists substantially meet the accreditation standards. Directors granted accreditation to 31 March 2022, subject to the submission of satisfactory progress reports and report on conditions.

Royal Australasian College of Dental Surgeons' Oral and Maxillofacial Surgery training program: Reaccreditation

The Oral and Maxillofacial Surgery program of the Royal Australasian College of Dental Surgeons is accredited for both medical specialists and dental specialists.

A joint team of the medical and dental accreditation councils completed an assessment of the training, education and continuing professional development programs of the Oral and Maxillofacial Surgery training program in June 2017.

The Directors at their 6 March 2018 meeting found that the Royal Australasian College of Dental Surgeons' program in the field of specialty practice of oral and maxillofacial surgery meet the accreditation standards and granted accreditation to 31 March 2023, subject to the submission of satisfactory progress reports and report on conditions.

INTERN TRAINING ACCREDITATION PROVIDERS

Accreditation end dates for intern training accreditation authorities

In 2014, the AMC changed all of the AMC accreditation expiry dates from 31 December to 31 March the following year (providing an extra three months) to facilitate completion of accreditation activities that occur later in the year. Through a miscalculation, some of the intern training accreditation authorities granted the full period of accreditation had their expiry date set too early.

The Directors at their 23 February 2018 meeting approved the following corrections to accreditation end dates:

- **Health Leaders Australia (trading as Queensland Prevocational Medical Accreditation):**
Accreditation is to be adjusted to 31 March 2020, subject to a satisfactory report in March 2018, and to Health Leaders Australia (trading as Queensland Prevocational Medical Accreditation) meeting accreditation conditions and monitoring requirements including satisfactory progress reports.
- **Postgraduate Medical Council of Victoria:**
Accreditation is to be adjusted to 31 March 2021, subject to Postgraduate Medical Council of Victoria meeting accreditation conditions and monitoring requirements including satisfactory progress.
- **Postgraduate Medical Council of Western Australia:**
Accreditation is to be adjusted to 31 March 2021, subject to Postgraduate Medical Council of Western Australia meeting accreditation conditions and monitoring requirements including satisfactory progress reports.

Prevocational Standards Accreditation Committee

- 4 meetings
- 1 intern training accreditation authority visits
- 3 applications for initial accreditation from new workplace-based assessment providers
- 3 comprehensive reports for reaccreditation from workplace-based assessment providers
- 1 notices of intent from a new intern training accreditation authority
- 2 notices of intent from new workplace-based assessment providers
- 1 withdrawal of accreditation from Pre-employment Structured Clinical Interview provider (hospital-based Pre-employment Structured Clinical Interviews no longer required by the Medical Board of Australia)
- 7 progress reports from intern training accreditation authorities (5 of these included reports on conditions)
- 3 separate reports on conditions from intern training accreditation authorities
- 7 progress reports from workplace-based assessment providers
- 5 progress reports from Pre-employment Structured Clinical Interview providers
- Minor revisions of the Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the AMC
- Minor revision of the Pre-employment Structured Clinical Interview Guidelines and Criteria for AMC Accreditation of PESCI Providers
- Minor revision of the Accreditation of Workplace-Based Assessment Providers: Standards and Procedures
- Joint Preparedness for Internship Survey by the AMC and the Medical Board of Australia
- Planning for AMC review of the national framework for medical internship in 2018/2019

- **Northern Territory Medical Education and Training Centre:** Accreditation is to be adjusted to 31 March 2022, subject to a satisfactory report in May 2018, and to Northern Territory Medical Education and Training Centre meeting accreditation conditions and monitoring requirements including satisfactory progress reports.
- **Canberra Region Medical Education Council:** Accreditation is to be extended to 31 December 2018 subject to Canberra Region Medical Education Council meeting accreditation conditions and monitoring requirements including satisfactory progress reports.

New South Wales Health Education and Training Institute

In 2013, the AMC granted initial accreditation to the New South Wales Health Education and Training Institute as the intern accreditation authority for New South Wales.

An AMC team completed its review of New South Wales Health Education and Training Institute in September 2017.

The Directors at their 12 April 2018 meeting found that New South Wales Health Education and Training Institute meets the domains for assessing intern training accreditation authorities, and granted accreditation for five years, to 31 March 2023, subject to the submission of satisfactory progress reports and report on conditions.

WORKPLACE-BASED ASSESSMENT PROVIDERS

Each accredited workplace-based assessment provider undergoes a reaccreditation assessment at least every three years. Reaccreditation assessments are by review of a comprehensive report and the AMC experience in monitoring the provider and workplace-based program by progress reports over the accreditation period. Directors make an accreditation decision on advice from the Prevocational Standards Accreditation Committee.

Wide Bay Hospital and Health Service: Reaccreditation

The Wide Bay Hospital and Health Service submitted its 2017 comprehensive report in March, and initial review by staff and the Committee reviewer determined that additional information was required. The Committee considered the comprehensive report and additional information at its August 2017 meeting.

The Directors at their 12 September 2017 meeting agreed to extend Wide Bay Hospital and Health Service's workplace-based accreditation for a further three years to 30 June 2020, subject to the submission of satisfactory progress reports.

Illawarra Shoalhaven Local Health District: New provider

Illawarra Shoalhaven Local Health District submitted its formal expression of interest to become an accredited workplace-based provider in October 2017. The Committee considered that the proposal, in its early stages, appears likely to address the requirements for accreditation, subject to further information being provided. Illawarra Shoalhaven Local Health District's complete submission was considered by the Committee at its March 2018 meeting.

The Directors at their 12 April 2018 meeting granted initial accreditation to Illawarra Shoalhaven Local Health District's workplace-based program, subject to satisfactory progress reports, and the Assessment Committee's evaluation of the results of the first cohort of candidates.

Central Coast Local Health District: Reaccreditation

The Central Coast Local Health District submitted its 2018 comprehensive report in February, which was considered by the Committee at its March 2018 meeting.

The Directors at their 12 April 2018 meeting agreed to extend the Central Coast Local Health District's WBA accreditation for three years, to 31 June 2021, subject to the submission of satisfactory progress reports.

PRE-EMPLOYMENT STRUCTURED CLINICAL INTERVIEW PROVIDERS

Postgraduate Medical Council of Victoria (PMCV): Withdrawal of accreditation

The Postgraduate Medical Council of Victoria submitted a request to withdraw from Pre-employment Structured Clinical Interview accreditation following the decision of the Medical Board of Australia (13 November 2017) to no longer require Pre-employment Structured Clinical Interviews for non-specialist hospital based positions.

The Directors at their 14 June 2018 meeting resolved to discontinue pre-employment structured clinical interview provider accreditation for the Postgraduate Medical Council of Victoria from 14 June 2018 and notified the Medical Board of Australia.



AMC Assessment Workshop

OVERVIEW

The AMC Assessment & Innovation business area is responsible for the assessment and examination of international medical graduates (IMGs) seeking medical registration to practice in Australia. The Assessment & Innovation team includes separate operational areas:

- Verification Services
- Multiple Choice Question Examinations
- Clinical Examinations
- Workplace-Based Assessment
- National Test Centre Technology & Program Management
- Publications
- Examination Research & Development

The Assessment & Innovation team works with a range of committees, panels, working groups, stakeholders and other AMC staff to manage an AMC candidate's progress along the pathway to securing an AMC Certificate. The business area, governed by the National Test Centre Innovations Group, also works collaboratively with medical schools and specialist colleges to deliver examinations at the National Test Centre in Melbourne, in addition to developing technologies, products, and services to meet the AMC's purpose.

The Assessment & Innovation team relies on an evidence-based approach to examination quality improvement, using research and data analysis to improve the implementation of examination procedures.

REGISTRATION OF INTERNATIONAL MEDICAL GRADUATES

For IMGs seeking registration with the Medical Board of Australia, they must apply for the verification of their identity and qualifications through the AMC. There are three registration pathways:

- **Competent Authority** Pathway applies to overseas-trained non-specialists, but it is also available to specialists, including general practitioners. It is a pathway to general registration and does not result directly in recognition or registration as a specialist in Australia. If IMGs apply for Competent Authority Pathway their qualifications are verified by the AMC but applications for registrations are completed through the Medical Board of Australia.
- **The Specialist Pathway** is available to IMGs in one of the following categories:
 - overseas-trained specialists applying for assessment of comparability to the standard of a specialist trained in that specialty in Australia (specialist recognition).
 - overseas-trained specialists applying for an area of need position in Australia (area of need).
 - overseas-trained specialists or specialists-in-training wishing to undertake a short period of specialist or advanced training in Australia (short-term training).
- If IMGs apply for registration through the Specialist Pathway their qualifications are verified by the AMC but applications for registrations are completed through the Medical Board of Australia.
- **The Standard Pathway** is for IMGs seeking general registration from the Medical Board of Australia with a primary qualification in medicine and surgery awarded by a training institution recognised by the AMC. The AMC delivers the assessment process for this registration pathway, involving:
 - IMGs being verified as eligible to undertake the Standard Pathway
 - IMGs taking the AMC Multiple Choice-Question and passing

- IMGs can then undertake either:
 - the AMC Clinical Objective Structured Clinical Examination OR
 - the Workplace-based assessment Program.
- Once either are passed, IMGs can obtain the AMC Certificate which allows application to the Medical Board of Australia for registration.

VERIFICATION SERVICES

Primary Source Verification (PSV)

The following abbreviations are used in this section:

- ECFMG – Educational Commission for Foreign Medical Graduates
- EPIC – Electronic Portfolio of International Credentials

An IMG seeking registration in Australia and applying to complete the AMC examinations must firstly have attained an eligible medical qualification recognised by the AMC.

The process of verifying IMG medical qualifications is described as Primary Source Verification (PSV) and was implemented by the AMC in 2006. Primary Source Verification is designed to check and ensure the integrity of basic and specialist medical qualifications and is confirmed by the Educational Commission for Foreign Medical Graduates (ECFMG), who assist the AMC to verify the IMGs identity, check the integrity of the qualification documentation, and confirm the awarded qualification directly with the issuing institution.

Primary Source Verification Processing

Simultaneous to the launch of the EPIC verifications process in October 2015, the AMC released an online portfolio application, designed to eliminate paper application forms with supporting documentation and the manual processing of application fees.



The AMC portfolio continues to be enhanced and enables IMGs:

- To add further medical qualifications to their qualifications (as required by the Medical Board of Australia and/or Australian specialist medical colleges).
- To view all qualifications appearing on their AMC records with updated ECFMG verification statuses.
- The option of accessing scheduling for AMC examinations.

All verification status updates processed by ECFMG are captured by an automated notification system. Updates are imported electronically to the AMC qualifications portal, including changes to EPIC verification statuses and images of the qualification with a copy of the EPIC report.

Requests for Primary Source Verification completed 2017/2018

Below is a summary of qualifications verified for the period 1 July 2017 to 30 June 2018 via the EPIC verification system:

Qualification type	EPIC verified
Primary qualifications	4,168
Postgraduate qualifications	2,176
Total qualifications verified	6,344

The AMC receives a wide range of applications each year, below is a summary of highest volume countries of training represented by primary qualifications and postgraduate training added to AMC portfolios between 1 July 2017 and 30 June 2018 compared with the 2016/2017 data:

Primary qualifications

2016 / 2017

Country Name	
United Kingdom	1088
India	602
Egypt	309
Ireland	295
Pakistan	278
Sri Lanka	179
Iraq	153
China	147
Iran, Islamic Republic of	143
Bangladesh	140

2017 / 2018

Country Name	
United Kingdom	1154
India	681
Pakistan	315
Ireland	312
Egypt	233
Sri Lanka	187
Bangladesh	166
Iran, Islamic Republic of	163
China	127
Iraq	126

Postgraduate training

2016 / 2017

Country Name	
United Kingdom	1266
India	389
United States	184
South Africa	129
Egypt	122
Ireland	109
Brazil	107
Sri Lanka	104
Canada	92
Philippines	65

2017 / 2018

Country Name	
United Kingdom	1149
India	431
United States	183
South Africa	125
Sri Lanka	119
Canada	90
Egypt	89
Ireland	79
Brazil	75
Malaysia	62



Statistics for verification of primary qualifications by Medical Schools

ECFMG has introduced an e-verifications system, enabling medical schools to complete the verification requests electronically by accessing an ECFMG secure portal (EMSWP – Electronic Medical School Web Portal). Working with the AMC, ECFMG is currently targeting the largest volume medical schools based on IMG applications submitted to the AMC.

A summary of the 88 most popular schools is available at **ATTACHMENT 1** – AMC Top Medical Schools Activity as on 30 June 2018, with the schools in blue blocks now linked to ECFMG’s e-verification system.

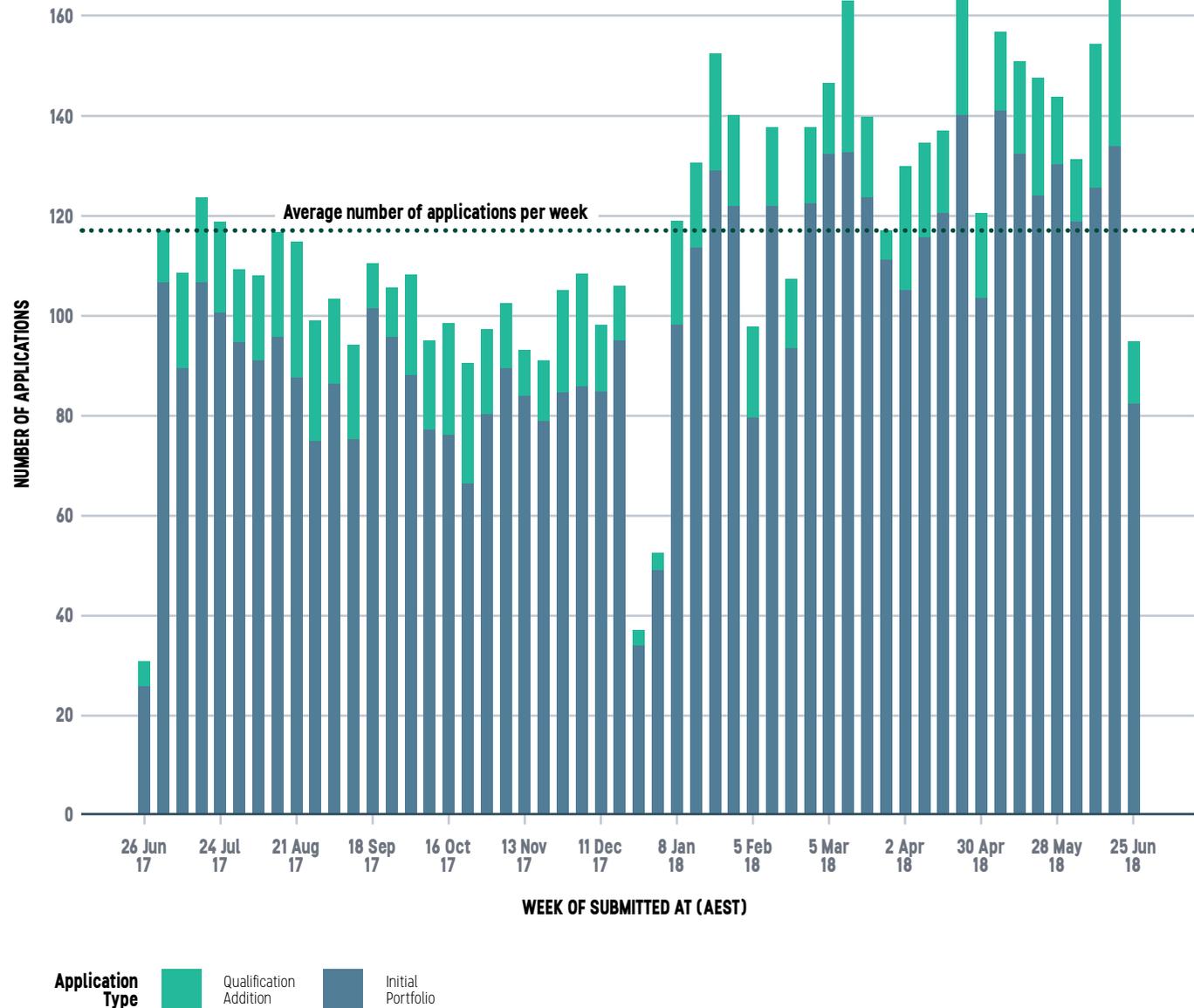
To date, ECFMG has added a total of 1,098 medical institutions to the e-verifications system.

AMC portfolios statistics

In the reporting period of 1 July 2017 – 30 June 2018, a total of 5,233 portfolios applications have been established (an average of 115 applications per week). A total of 908 additional medical qualifications have been added to IMG portfolios.



AMC Portfolio (EPIC) Applications – Per Week



Below is a summary of the highest volume countries represented, compared with the 2016/2017 data:

2016 / 2017

Country Name	
United Kingdom	1139
India	766
Pakistan	295
Sri Lanka	289
Egypt	282
Ireland	267
Malaysia	252
Iraq	171
Iran, Islamic Republic of	163
South Africa	147

2017 / 2018

Country Name	
United Kingdom	1244
India	828
Pakistan	337
Sri Lanka	297
Ireland	261
Malaysia	228
Egypt	212
Iran, Islamic Republic of	187
South Africa	170
Australia	137

Specialist College use of the AMC Qualifications Portal

From August 2013, Australian specialist colleges have been provided access to the AMC qualifications portal to assist in the process of assessment. A total of 72 college staff have been authorised to access the portal, with the ability to upload assessment outcome reports and short term training reports.

Between 1 July 2017 and 30 June 2018 a total of 54,634 IMG records have been accessed.

Below is an outline of college nominations received between 1 July 2017 and 30 June 2018. Royal Australian College of General Practitioners, Royal Australasian College of Physicians and Royal Australasian College of Surgeons stand out as major colleges for nomination by IMGs.

Specialist College Nominations

Name	Abbreviation	
Royal Australian College of General Practitioners	RACGP	1932
Royal Australasian College of Physicians	RACP	1763
Royal Australasian College of Surgeons	RACS	1441
Australian and New Zealand College of Anaesthetists	ANZCA	696
Royal Australian and New Zealand College of Radiologists	RANZCR	594
Royal Australian and New Zealand College of Psychiatrists	RANZCP	524
Australasian College for Emergency Medicine	ACEM	471
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	RANZCOG	438
College of Intensive Care Medicine of Australia and New Zealand	CICM	367
Australian College of Rural Remote Medicine	ACRRM	238
Royal College of Pathologists of Australasia	RCPA	233
Royal Australian and New Zealand College of Ophthalmologists	RANZCO	232
Australasian College of Dermatologists	ACD	177
Royal Australasian College of Medical Administrators	RACMA	87
Australasian College of Sports Physicians	ACSP	73
Australasian College of Sport and Exercise Physicians	ACSEP	71
Royal Australasian College of Dental Surgeons	RACDS	25



AMC MULTIPLE-CHOICE QUESTION EXAMINATIONS

The AMC multiple-choice question (MCQ) examination assesses the medical knowledge of IMGs whose basic medical qualifications are not recognised by the Medical Board of Australia. The MCQ examination forms the first component of the AMC assessment pathway and all IMGs are required to pass the MCQ examination in order to progress on the pathway towards receiving an AMC Certificate and registration.

The MCQ examination focuses on basic and applied medical knowledge across a wide range of topics and disciplines, involving understanding of the disease process, clinical examination, diagnosis, investigation, therapy and management, as well as on the candidate's ability to exercise discrimination, judgment and reasoning in distinguishing between the correct diagnosis and plausible alternatives. The clinical examination also assesses the candidate's capacity to take a history, conduct a physical examination, formulate diagnostic and management plans, and communicate with patients, their families and other health workers.

The MCQ examination is delivered as a Computer-based Adaptive Test. The examination is a test of the principles and practice of medicine in the fields of Adult Health – Medicine, Adult Health – Surgery, Women's Health – Obstetrics & Gynaecology, Child Health, Mental Health, and Population Health & Ethics. The multiple-choice questions reflect common clinical conditions in the Australian community. In order to achieve a satisfactory level of performance, a candidate will require a knowledge of pathogenesis, clinical features, investigative findings, differential diagnosis, management and treatment.

In the reporting period 1 July 2017 to 30 June 2018, a total of 2,238 MCQ examinations were conducted by the AMC in Australia and in 300 controlled examination facilities internationally.

Of that number, 1,761 IMGs were presenting for the first time.

A total of 1,581 IMGs passed the examination and qualified to proceed to the AMC clinical examination.

A breakdown of the MCQ candidates by country of training is at **ATTACHMENT 2 – MCQ Examination Country of Training Statistics.**

CLINICAL EXAMINATIONS

Once an IMG has passed the AMC MCQ examination, they are eligible to apply to either:

1. The AMC clinical examination, or
2. Participate in a workplace-based assessment program

The AMC clinical examination assesses an IMG's clinical competency, and requires demonstration of clinical ability at the level of a graduating final year medical student about to commence the (pre-registration) intern year.

Examination content is developed across a broad range of required clinical disciplines such as areas as history taking, physical examination, diagnosis, ordering and interpreting investigations, clinical management and communication with patients, their families and other healthcare workers. Clinical examinations are delivered in the format of an Objective Structured Clinical Examination, consisting of a number of scored stations (scenarios) and require the presence of an examiner and a simulated or real patient.

From May 2013, AMC Clinical Examinations have been conducted at the purpose-built National Test Centre in Melbourne.

For the period of 1 July 2017 to 30 June 2018 the AMC conducted 66 examinations in the National Test Centre.

Clinical Examination Research and Development

New Clinical Exam Scoring Model

In February 2017, the AMC successfully implemented a new scoring model for the clinical examination that was developed by the Clinical Examination Research Group.

Previously, the examination had a total of 16 scored stations and compulsory passes in women's health and child health stations. The new model includes 14 scored questions and two pilot stations.

This enables the piloting of stations before becoming scored stations to help ensure an appropriate standard, address potential operational or technical issues, and align the approach to developing scenarios consistently with the MCQ examination questions.

Clinical Results Panel

Following the successful implementation of the new clinical exam-scoring model, the AMC has commenced a panel sign-off process for clinical examination results. The panel reviews statistical data relating to the examination in addition to reports of any technical or operational issues experienced with particular stations in each clinical examination.

The Clinical Results Panel is designed to ensure a fair and equitable process for AMC candidates. The panel meets following each AMC clinical examination block and results are reviewed for sign off before release on the AMC website.

Real Patients in Clinical Examinations

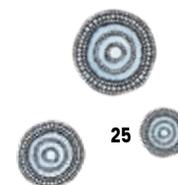
Following the introduction of the current Objective Structured Clinical Examination (OSCE) format of the clinical examination in 2004, the AMC relied on the use of patients in teaching hospitals with actual clinical conditions and physical signs. In September 2017, the AMC sought to recruit real patients for assessment in the clinical OSCE examination.

In conjunction with input from AMC legal counsel, the AMC has developed a structured privacy policy for real patients, focused on patient safety and privacy.

Clinical Examination Calibration Exercise

In June 2018, the AMC collaborated with an Australian University to calibrate the AMC clinical examination against final year Australian domestic medical students.

The AMC scenario content selected for the calibration examination allows for statistical analysis and comparison of the AMC IMG candidate results with the Australian domestic student results. The analysis included comparison data of the global rating of each station across the Australian domestic student results and AMC candidate results.



At the recent Clinical Examination Research Group working bee, a draft report on the outcomes and findings of the examination and result data was compiled and distributed to all members for review and input. The report is being finalised for research and development purposes.

A project to expand the calibration of clinical examination scenarios is being developed for the future.

Clinical Examination Statistics

Commencing 2018, the remaining clinical examinations previously delivered in a hospital setting (Townsville and Perth), are now delivered at the National Test Centre (NTC) in Melbourne. By moving all examinations to the NTC, the AMC has increased the quality of the clinical examinations and provided a higher level of fairness to candidates. In addition to improving the quality of the examination, examinations delivered at the NTC represent a significantly lower cost to the AMC. As part of a broader project, it is envisaged that these cost savings, and other opportunities, can control the need to increase candidate fees dramatically.

In the reporting period a total of 2,021 candidates were assessed in 62 clinical examinations. 1,734 candidates presented for the first time and a total of 500 passed the examination and qualified for the AMC Certificate.

626 candidates sat a clinical retest examination, of which 271 passed and qualified to receive the AMC Certificate.

A breakdown of these candidates by examination attempt and country of training is set out in **ATTACHMENT 3** – Clinical Country of Training Statistics.

A report of the candidates who presented for the clinical retest in this reporting period is at **ATTACHMENT 4** – Clinical Retest Statistics.

WORKPLACE-BASED ASSESSMENT PROGRAM

Workplace-based Assessment (WBA) is a form of assessment offered to IMGs as an alternative to completing the AMC clinical examination. WBA tests performance in the real environment facing doctors in their everyday clinical practice.

WBA enables IMGs to demonstrate their progress in integrating clinical knowledge and skill as a basis for effective clinical judgments and decisions. It should also track their development towards becoming an independent, self-monitoring clinical practitioner in the Australian setting, which includes their use of effective communication, respect for patients, working productively within a team of healthcare professionals, and applying risk-management skills.

The focus of WBA should be on an IMG's application of their knowledge and clinical skills in their clinical work across:

Clinical skills, including history taking, physical examinations, investigations and diagnosis, prescribing, management, clinical procedures and counselling/patient education.

- Clinical judgement
- Communication skills
- Ability to work as an effective member of the health care team
- Ability to apply aspects of public health relevant to clinical settings
- Cultural competence
- Professionalism
- Attention to patient safety

RESEARCH AND DEVELOPMENT OF THE WBA PROGRAM

Longitudinal study

The WBA Development Group has commissioned a study to research qualitative and quantitative data relating to WBA candidates by conducting an independent survey. The AMC has partnered with Hunter Medical Research Institute to carry out this study; due to commence piloting in 2019.

Statistics

In the reporting period of 1 July 2017 – 30 June 2018, eight accredited WBA providers assessed 91 candidates. All 91 candidates completed the assessment to a satisfactory standard and qualified for the AMC Certificate. With initial accreditation given to an additional three WBA providers, the AMC is focused on the development of the program in alignment with the AMC Strategic Plan.

A breakdown of these candidates by country of training and WBA program is set out at **ATTACHMENT 5** – WBA Statistics.

National Test Centre Program Management

The National Test Centre (NTC) is a purpose-built and state of the art facility designed for high-stakes examination delivery. In the reporting period of 1 July 2017 to 30 June 2018, the AMC NTC was used for examination delivery by eight external clients, including various specialist colleges and universities.

The NTC calendar for 2019 is approaching full operational capacity. As the NTC has been operational for five years, the AMC seeks to review the NTC business plan and opportunities for growth. This will include looking to diversify the client base of the NTC and undertake considerable commercial expansion in alignment with the AMC Strategic Plan.

NTC Innovations Group

The NTC Innovations Group was established in 2017 and reports to the AMC Finance, Audit and Risk Management Committee. The AMC NTC Innovations Group is responsible for the development of assessment technology and business opportunities for the NTC.

The Innovations Group will identify, evaluate, and implement new technologies that will increase the business opportunities for the NTC and, where appropriate, contribute to the further enhancement of AMC assessment processes.

The inaugural meeting of the NTC Innovations Group was held in April 2017 and members worked to evaluate and implement new technologies that will improve the delivery of AMC examinations and assessment processes.

The Group currently has ongoing initiatives in development including:

Mobile Practice Test

This is the development of an App which will digitise the current AMC publication of MCQ Practice Questions into a mobile application, and take advantage of utilising the AMC asset of archived MCQ questions to generate revenue that can be further applied into achieving the AMC's purpose and assisting candidates with exam preparation.

Remote Marking

The remote marking initiative was conceived when the NTC was built and aims to achieve marking of the AMC Clinical Examinations without requiring an examiner be present in the examination. A working group under the NTC Innovations Group is being formed to operationalise this initiative. The ability to assess clinical examinations using video for the AMC has been substantiated through the AMC Clinical Examination Appeals process, and the technology is well developed by the NTC Team and technology partners. The implementation of this initiative is aimed to improve the quality of assessment. It will all present savings to the cost of delivery for clinical examinations (examiner travel and accommodation expenses) and present opportunities to provide the same services to other NTC clients.

PUBLICATIONS

The AMC has re-established a publications team with a focus on reviewing, revising and updating publications relating to the AMC examinations.

Anthology of Medical Conditions

The *AMC Anthology of Medical Conditions* (first printed 2003) is one of four major publications recommended to AMC candidates as essential reading, forming the basis of content for the MCQ and clinical examinations. The *AMC Anthology of Medical Conditions* is derived from the Medical Council of Canada's (MCC) publication *Objectives for the Qualifying Examination* and was adapted to reflect clinical conditions in the Australian community - with major re-writes, illustrations and additions for launch in 2003.

An editorial group has been established to review the Anthology of Medical Conditions, with a focus on ensuring content reflects considerations for at-risk groups within the Australian health community, population health and Aboriginal, Torres Strait Islander and Māori conditions.

The Publications team is exploring additional opportunities to review other publications such as *Good Medical Practice* and the *Handbook of Multiple Choice Questions*.

EXAM RESEARCH AND DEVELOPMENT

Each AMC assessment type (MCQ, Clinical, and WBA) now has a dedicated research and development group focused on ensuring AMC examinations remain on the leading edge of assessment best practice globally.



FINANCIAL REPORT

The financial report includes the components required by the *Australian Charities and Not-for-profits Commission ACT*.

- the Directors' report, including the auditor's independence declaration;
- the financial statements:
 - statement of financial position at the end of the year
 - statement of comprehensive income for the year
 - statement of cash flows for the year
 - statement of changes in equity
 - notes to the financial statements
- the Directors' declaration that the financial statements comply with accounting standards, give a true and fair view, there are reasonable grounds to believe the company will be able to pay its debts, the financial statements have been made in accordance with the Corporations Act; and
- the auditor's report.

The financial statements were prepared according to the Australian Accounting Standards—Reduced Disclosure Requirements of the Australian Accounting Standards Board and were audited by PricewaterhouseCoopers. The auditors gave an unqualified audit report after doing a comprehensive check of bank accounts, cash statements and journals for irregularities, fraud and any items that could lead to fraud. The emphasis was on checking all systems, procedures and controls to ensure that fraud had not been committed and to strengthen the controls to prevent any possible future fraud.

Additionally, the Finance, Audit and Risk Management Committee, a subcommittee of the Directors, thoroughly analysed and reviewed the financial statements. The analysis included a review of reported results for reasonableness and consistency with monthly management information provided to the Directors.

The financial report of the Australian Medical Council Limited for the year ended 30 June 2018 consists of the directors' report, including the auditor's independence declaration; the statement of financial position; the statement of profit and loss and other comprehensive income and statement of cash flows; the statement of changes in equity; notes to the financial statements; the directors' declaration; and the auditor's report.

Australian Medical Council Limited
ABN 97 131 796 980

DIRECTORS' REPORT 2018

Your directors present this report on the Australian Medical Council Limited (the AMC) for the financial year ended 30 June 2018.

Directors

The names of each person who has been a director during the year and to the date of this report are:

- Associate Professor Jill Sewell AM, President
- Professor David Ellwood, Deputy President
- Mr Ian Frank, Chief Executive Officer AM (term ended as of 30 November 2017)
- Professor Kate Leslie AO, ex officio, Chair, Specialist Education Accreditation Committee
- Professor Elizabeth Farmer, ex officio, Chair, Prevocational Standards Accreditation Committee, (Term as Chair PreVAC ended 11 May 2018.)
- Professor Geoffrey McColl, ex officio, Chair, Medical School Accreditation Committee
- Professor Eleanor Milligan, Director elected by Council
- Associate Professor Kim Rooney, Director elected by Council
- Emeritus Professor David Prideaux, ex officio, Chair, Assessment Committee
- Emeritus Professor Napier Thomson AM, Director (term ended AGM 30 November 2017)
- Dr Jules Catt, appointed Director AGM 30 November 2017

- Dr Andrew Singer AM, ex officio, Chair, Prevocational Standards Accreditation Committee appointed by Directors on 14 June 2018

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

The principal activity of the AMC during the financial year was to be the external accreditation authority for medicine under the Health Practitioner Regulation National Law (the National Law), functioning as an independent national standards and assessment body for medical education and training.

The AMC assesses medical courses and training programs (both Australian and New Zealand medical school courses and the programs for training medical specialists), accredits programs which meet AMC accreditation standards, and assesses doctors trained overseas who wish to be registered to practise medicine in Australia under the provisions of the National Law.

Objectives

The objectives of the AMC are:

- a. to improve health through advancing the quality and delivery of medical education and training associated with the provision of health services in Australia and New Zealand;
- b. to develop accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and New Zealand and for assessment of international medical graduates for registration in Australia;
- c. to assess programs of study based predominantly in Australia and New Zealand leading to general or specialist registration of the graduates of those programs to practise medicine in Australia to determine whether the programs meet approved accreditation standards, and to make recommendations for improvement of those programs;

- d. to assess education providers based predominantly in Australia and New Zealand that provide programs of study leading to registration of the graduates of those programs to practice medicine in Australia, to determine whether the providers meet approved accreditation standards;
- e. to assess authorities in other countries that conduct examinations for registration in medicine, or that accredit programs of study relevant to registration in medicine, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities should have the knowledge, clinical skills and professional attributes necessary to practise medicine in Australia;
- f. to assess, or oversee the assessment of, the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners who are seeking registration in medicine under the Health Practitioner Regulation National Law and whose qualifications are not approved qualifications under the Health Practitioner Regulation National Law for medicine;
- g. to assess the case for the recognition of new medical specialties;
- h. to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law;
- i. to advise and make recommendations to Federal, State and Territory governments, the Australian Health Workforce Advisory Council, the Australian Health Practitioner Regulation Agency, the Medical Board of Australia and State and Territory boards of the Medical Board of Australia, and any other state and territory medical regulatory authorities in relation to:
 - i) matters concerning accreditation or accreditation standards for the medical profession;
 - ii) matters concerning the registration of medical practitioners;
 - iii) matters concerning the assessment of overseas qualifications of medical practitioners;
 - iv) matters concerning the recognition of overseas qualifications of medical practitioners; and
 - v) the recognition of medical specialties.

- j. to work with international health, accreditation and testing authorities and agencies to bring about improvement in the furtherance of these objects; and
- k. to do all such matters as are ancillary to, convenient for or which foster or promote the advancement of matters that are the subject of these objects.

The AMC's short-term objectives are to:

- continue to explore business opportunities for utilising the technology and systems of the National Test Centre;
- continue to develop and advance policy and research in relation to accreditation and assessment in medical education;
- collaborate and work with other accreditation authorities to support streamlining of accreditation processes including:
 - a. cost effectiveness of the accreditation regime for delivering the accreditation functions;
 - b. governance structures including reporting arrangements;
 - c. opportunities for the streamlining of accreditation including consideration of the other educational accreditation processes – e.g. TEQSA and ASQA;
 - d. the extent to which accreditation arrangements support educational innovation in programs including clinical training arrangements, use of simulation and inter-professional learning; and
 - e. opportunities for increasing consistency and collaboration across professions.

The AMC's long-term objectives are to:

- continue to negotiate secure funding for the accreditation and assessment activities of the AMC;
- consolidate its position as a leader in accreditation and assessment standards;
- advocate for medical education standards that promote quality and safety in health service provision;

- become a leader in research and innovation in assessment in medical education;
- support and encourage the exchange of expertise and information relating to accreditation and assessment both nationally and internationally;
- advance the health care of Aboriginal and Torres Strait Islander people and Māori through effective partnerships with Aboriginal and Torres Strait Islander organisations and individuals, and Māori organisations and individuals through engagement with government, education providers and health services;
- continue to engage nationally and internationally with health services, practitioners, educators, community and government leaders in a process that aims to strengthen stakeholder understanding of not only the work of the AMC but also how that work supports good quality medical education and training to meet the needs of healthcare services; and
- maintain alignment of its accreditation and assessment functions with requirements of the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA).

AMC Strategic Plan 2018 – 2028

Part of the purpose of the AMC's strategic plan is to strengthen the linkage between its core business functions and its operating environment by taking into account community need, policy settings, and by promoting organisational responsiveness to change. For example, the strategy's emphasis on promoting Indigenous health is a direct response to the gap in health outcomes between Indigenous and non-Indigenous people in Australia and New Zealand. The imperative of health equity has resulted in the AMC progressively introducing Indigenous health and cultural competence accreditation standards across the medical education continuum. The AMC has also included Aboriginal, Torres Strait Islander and Māori assessors on its accreditation assessment teams and committees, and contributed to changes to codes and professional standards. More recently, medical schools and

colleges have started delivering Indigenous curriculum material and introducing mechanisms to recruit and support Indigenous students and trainees, partly in response to these changes. It is by closing the circle from community need, through AMC standards and policies, to practitioner education and capability development, that the AMC aims to achieve a positive impact on health outcomes.

The AMC's governance structure reflects its core business functions. However, it is also designed to capture a range of views from inside and outside the profession, and to allow a flexible and responsive configuration of AMC resources in response to strategic priorities.

Vision

Excellence in healthcare through a highly trained medical workforce.

Purpose

To ensure that standards of education, training and assessment of the medical profession protect and promote the health of the Australian community.

AMC Values

Openness and accountability

Collaboration

Innovation

Striving for excellence

Integrity

Cultural Safety

Strategic priorities

STRATEGIC PRIORITIES

1 OUR ACCOUNTABILITY

Promoting and protecting the health of the Australian community through working with our partners and stakeholders

ACTIONS

- 1.1 We will identify areas of common strategic intent with the Medical Board of Australia, Australian Health Practitioner Regulation Agency and other accreditation authorities and build partnerships to undertake joint initiatives in areas of shared interest.
- 1.2 We will demonstrate our openness and accountability through seeking feedback and commissioning evaluation to improve what we do.

2 MEDICAL EDUCATION AND TRAINING RESPONSIVE TO COMMUNITY HEALTH NEEDS

Promoting medical education and training that is responsive to the workforce needs of the Australian community

ACTIONS

- 2.1 We will ensure that the changing health care needs of Australian communities and changes in health delivery are reflected in the requirements for medical professional practice and education.

- 2.2 Using the accreditation standards and procedures, we will work with medical training providers to demonstrate how medical programs respond to the community needs for medical workforce.
- 2.3 We will work with partners and stakeholders, to identify and implement strategies that improve the quality of training, with particular attention to transition points in career pathways.
- 2.4 We will work with the Medical Board of Australia and other partners to develop surveys and research, to implement improvements in the quality of training programs and doctors' transitions between different stages of training.
- 2.5 We will continue to promote team-based practice and patient-centred care.
- 2.6 We will work with partners to foster a shared understanding of the changes in medical education and training required to build a medical workforce capable of providing general care in broad specialties across urban and rural settings.
- 2.7 We will support the development of work-based assessment as a method for assessing the performance of international medical graduates against the standards required for practice in Australia.

3 PROMOTING ABORIGINAL, TORRES STRAIT ISLANDER AND MĀORI HEALTH

Ensuring culturally safe practice to improve health outcomes

ACTIONS

- 3.1 We will develop a Reconciliation Action Plan.
- 3.2 We will work with key Aboriginal, Torres Strait Islander and Māori stakeholders and other partners to define cultural safety.
- 3.3 We will advocate for change to the National Law to incorporate cultural safety as a professional requirement.
- 3.4 We will review how culturally safe practice will be included in all AMC international medical graduate assessment models.
- 3.5 We will develop a reflective piece outlining the AMC's work with its Aboriginal, Torres Strait Islander and Māori partners in improving health outcomes.
- 3.6 We will review how accreditation standards affect health outcomes for Aboriginal, Torres Strait Islander and Māori people.
- 3.7 We will work with partners to develop a best practice resource for doctors in caring for Aboriginal, Torres Strait Islander and Māori patients and their families.

4 PROFESSIONAL PRACTICE IN A CHANGING WORLD

Promoting professional and humanistic practice in a world of increasing technological change and artificial intelligence

ACTIONS

- 4.1 We will use accreditation standards and procedures to encourage medical education and training that is consistent with how technology and artificial intelligence could affect the future delivery of medical care.
- 4.2 We will collaborate with stakeholder groups to develop ethical standards for the use of technology and artificial intelligence in medical care.
- 4.3 We will promote the attributes of humanism, compassion and cultural safety, which are central to the delivery of good medical care, in medical education, training and professional performance curricula.
- 4.4 We will collaborate with stakeholders to encourage the use of technologies that drive higher standards of healthcare and reduce health inequity.

5 BUSINESS WITH A PURPOSE

Managing our business in an ethical, efficient and sustainable way

ACTIONS

- 5.1 We will strive to achieve international best practice by benchmarking ourselves with comparable organisations.
- 5.2 We will host partner and stakeholder workshops to share knowledge, information and approaches as we work towards our strategic aims.
- 5.3 We will increase our collaboration with other organisations to optimise use and potential of the National Test Centre.
- 5.4 We will improve the quality of assessment and accreditation methods with the aim of protecting the health of the Australian community.
- 5.5 We will update the delivery media for the AMC's publications and handbooks.
- 5.6 We will review the feasibility of increasing the capacity of the National Test Centre – either in collaboration with other accreditation authorities or by ourselves.
- 5.7 We will engage and seek contribution from all AMC teams, staff and business partners to enable an approach of continual improvement and effectiveness achieving the AMC's purpose, vision and values.

Meetings of Directors

During the financial year, 9 meetings of directors were held. Attendances by each director were as follows.

Director	Meetings	
	No. eligible to attend	No. attended
Associate Professor Jill Sewell AM	9	9
Professor David Ellwood	9	8
Professor Kate Leslie AO	9	9
Professor Geoffrey McColl	9	7
Professor Eleanor Milligan	9	9
Emeritus Professor David Prideaux	9	9
Associate Professor Kim Rooney	9	9
Dr Jules Catt (term commenced 30 November 2017)	5	4
Dr Andrew Singer AM (term commenced 14 June 2018)	0	0
Professor Elizabeth Farmer (term ended 11 May 2018)	8	6
Emeritus Professor Napier Thomson (term ended 30 November 2017)	4	4
Mr Ian Frank AM (term ended 30 November 2017)	4	4

Indemnifying the directors

During the financial year, the AMC paid a premium of \$7,399 (2017: \$5,021) to insure the directors of the AMC. The policy covers all of the directors and the CEO. The liabilities insured include all costs and expenses that may be incurred in defending any claim that may be brought against the directors for any actual or alleged breach of their professional duty in carrying out their duties for the AMC.

INFORMATION ON DIRECTORS

Associate Professor Jillian Sewell AM

Qualifications

MBBS (Hons), FRACP, FRCP, FAICD FRCPC (Hon), FCCP (Hon), FRCPI (Hon), FAMS (Hon), FCPCHS (Hon), D Med Sci (Hon)

Experience

- Senior Paediatrician, Centre for Community Child Health, Royal Children's Hospital
- Paediatrician, Principal Specialist, Royal Children's Hospital
- Chair, Victorian Clinical Council, Department of Health and Human Services
- Clinical Director, Children's Bioethics Centre, Royal Children's Hospital
- Associate Professor, Department of Paediatrics, University of Melbourne
- Honorary Research Fellow, Murdoch Children's Research Institute
- Fellow of the Australian Institute of Company Directors
- Former President, Royal Australasian College of Physicians
- Former Chair, National Institute of Clinical Studies
- Former Member, National Health and Medical Research Council
- Former member, Health Innovation and Reform Council, Victorian government

Special responsibilities

- President of the Australian Medical Council
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee

- AMC Representative to the Health Professions Accreditation Councils' Forum
- AMC Representative to the NMTAN Trainees in the Medical Workforce project steering committee

Professor David Ellwood

Qualifications

MA DPhil (Oxon), MB BChir (Cantab), FRANZCOG, CMFM, DDU

Experience

- Dean of Medicine and Head of School, Griffith University School of Medicine
- Professor of Obstetrics and Gynaecology, Griffith University School of Medicine
- Director of Maternal-Fetal Medicine at Gold Coast University Hospital
- Deputy Dean, Australian National University Medical School
- Senior Staff Specialist in Obstetrics and Gynaecology, Canberra Hospital
- Former Associate Dean, Canberra Clinical School, University of Sydney
- Former Medical Advisor (Acute Services) to ACT Health
- Former Acting Chief Executive Officer (Clinical Services), Canberra Hospital
- Former Executive Director, Women's and Children's Health Services, Canberra Hospital

Special responsibilities

- Deputy President of the Australian Medical Council
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee

- Senior Examiner in Obstetrics and Gynaecology
- Chair of the Royal Australasian College of Dental Surgeons assessment team

Professor Kate Leslie AO FAHMS

Qualifications

MBBS, MD, MEpid, MHLthSrvMt, Hon DMedSc, FANZCA, FAICD

Experience

- Staff Anaesthetist and Head of Research, Department of Anaesthesia and Pain Management, Royal Melbourne Hospital
- Chair, Continuing Professional Development Advisory Group, Medical Board of Australia
- Honorary Professorial Fellow, Centre for Integrated Critical Care, Melbourne Medical School, University of Melbourne
- Honorary Professorial Fellow, Department of Pharmacology and Therapeutics, University of Melbourne
- Honorary Adjunct Professor, Department of Epidemiology and Preventive Medicine, Monash University
- Former President, Australian and New Zealand College of Anaesthetists

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Specialist Education Accreditation Committee

Professor Geoffrey McColl

Qualifications

BMedSci, MBBS, FRACP, PhD Med

Experience

- Executive Dean, Faculty of Health, University of Queensland
- Former Head, Melbourne Medical School, University of Melbourne
- Former Rheumatologist, the Royal Melbourne Hospital and NorthWestern Mental Health

Special responsibilities

- Director of the Australian Medical Council
- Chair of the Medical School Accreditation Committee
- Member of Council, Australian Medical Council

Professor Eleanor Milligan

Qualifications

PhD, GradDipEd, BSc, BA (Hons –1st)

Experience

- Deputy Dean Clinical Education, Griffith University
- Professor of Ethics and Professional Practice, Griffith University
- Member of Medical Board of Australia (Queensland)
- Chair –Notifications Committee – (MBA Queensland)
- Chair – Griffith University Human Research Ethics Committee
- Chair – Griffith University Clinical Privileging Committee
- AMA – Ethics and Medico Legal Committee and Policy Committee

- Former Member of NHMRC Australian Health Ethics Committee (Australian Health Ethics Committee)
- Former Chair NHMRC AHEC – National project – Clinical Ethics Capacity Building Special responsibilities

Special responsibilities

- Director of the Australian Medical Council (from 30 November 2016)
- Member of Council, Australian Medical Council
- Member of the AMC Investment Policy Advisory Group
- Member of the Aboriginal, Torres Strait Islander and Māori Health Strategy Group

Emeritus Professor David Prideaux

Qualifications

Dip of Teaching, BA (Hons), Master of Education, PhD, FANZAHPE

Experience

Emeritus Professor of Medical Education, Prideaux Centre for Research in Health Professions Education, Flinders University

Former Deputy Dean, Professor and Head, Health Professional Education, Flinders University

Membership of Flinders University committees including School of Medicine Committees, Faculty of Health Sciences committees

Convenor curriculum conferences and workshops for the School of Medicine, Flinders University

Former Deputy Editor, Medical Education and Advances in Health Sciences Education

Former Editor Focus on Health Professional Education

Former President Australasian and New Zealand Association for Medical Education (ANZAME)

Special Responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair, Assessment Committee,
- Chair, Investment Policy Advisory Group
- Member, NTC Innovations Group
- Member, Aboriginal, Torres Strait Islander and Māori Strategy Group
- Member, MCQ Results Panel
- Member, NTC Research Group
- Member, WBA Development Group
- Member, MCQ Development Group
- Member, Clinical Results Panel
- Member, Clinical Examination Research Group

Associate Professor Kim Rooney

Qualifications

MBBS (Hons) (Monash), FRACP, FACHPM

Experience

- Associate Head, Launceston Clinical School, University of Tasmania School of Medicine
- Co-director of Physician Training, Launceston General Hospital
- Board member of the Post Graduate Medical Council of Tasmania
- Member of the National Examining Panel, Royal Australasian College of Physicians (Senior Examiners Panel)
- Member, Tasmanian Board of the Medical Board of Australia

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee

Dr Jules Catt

Term commenced 30 November 2017

Qualifications

MBBS (Hons), BSc (Med), MPH FRANZCR EBIR

Experience

- Interventional Radiologist, Liverpool Hospital & Prince of Wales Hospital
- Conjoint Lecturer, University of New South Wales
- Director, Radrefer Pty Ltd.
- NSW Branch Committee, Royal Australian and New Zealand College of Radiologists

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee

Dr Andrew Singer AM

Term commenced 14 June 2018

Qualifications

MBBS, FACEM

Experience

Senior Specialist in Emergency Medicine, Canberra
Adjunct Associate Professor, ANU Medical School
Principal Medical Adviser (M06), Australian Government Department of Health

Special responsibilities

- Director of the Australian Medical Council
- Chair of the Prevocational Standards Accreditation Committee

Former Directors

Professor Elizabeth Farmer

Term ended 11 May 2018

Qualifications

MBBS, BSc, PhD, FRACGP, MAICD

Experience

- Consultant – Liz Farmer and Associates
- Clinical Professor, University of Wollongong, Graduate School of Medicine
- Adjunct Professor, Discipline of General Practice, University of Adelaide
- Professorial Fellow, Flinders University Adelaide

Special responsibilities

- Former Director of the Australian Medical Council (from 30 November 2016)
- Former Member of Council, Australian Medical Council (from 30 November 2016)
- Former Chair of the Prevocational Standards Accreditation Committee
- Member, Assessment Committee
- Member, Assessment Publication Editorial Group
- Member, Clinical Assessment Panel
- Senior examiner for Clinical Examinations
- Clinical Results panel
- Member, NTC Management Group
- Chair, NTC Research Group
- Former Member, Investment Planning Advisory Group

Emeritus Professor Napier Thomson AM

Term ended 30 November 2017

Qualifications

MBBS, MD, MRACP, FRACP, Fellow Royal College of Physicians (London), Fellow American College of Physicians, F.R.C. Physicians & Surgeons (Glasgow)

Experience

- Emeritus Professor of Medicine, Monash University
- VMO in Renal and General Internal Medicine, The Alfred
- Former Member, Victorian Board of Medical Board of Australia
- Chairman Human Research Ethics Committee, Monash University
- Former Professor and Head of Department, Department of Medicine, Monash University,
- Former Head, Central Clinical School, Monash University
- Former President, Royal Australasian College of Physicians
- Former Chairman, Board of Postgraduate Medical Council of Victoria
- Former President, International Society for Internal Medicine 2008–2010

Special Responsibilities

- Former Director of the Australian Medical Council
- Former Member of Council, Australian Medical Council
- Former Representative, National Medical Training Advisory Network (NMTAN) Executive Committee
- Former Member, Medical School Accreditation Committee and Specialist Education Accreditation Committee
- Former Deputy Chair, Macquarie University Assessment team
- Former Member, Investment Planning Advisory Group

Mr Ian Frank AM

Term ended 30 November 2017

Qualifications

BA (Hons), MAICD

Experience

- Former Chief Executive Officer, Australian Medical Council
- Former Executive Officer, Medical School, University of Adelaide
- Former Chief Operating Officer, Australian Medical Council

Special responsibilities

- Former Director of the Australian Medical Council
- Former Chief Executive Officer, Australian Medical Council
- Chair Health Sector Special Interest Group, Association of Test Publishers

AUDITED FINANCIAL STATEMENTS YEAR ENDED 30 JUNE 2018

Auditor

PwC continues in office in accordance with section 327 of the *Corporations Act 2001*.

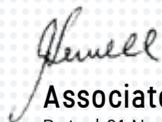
Auditor's independence declaration

A copy of the auditor's independence declaration as required under section 60-40 of the *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012* is set out on page 13 and forms part of the Director's report.

Members' guarantee

The AMC is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the AMC is wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2018, the total amount that members of the company are liable to contribute if the company is wound up is \$260 (2017: \$250).

Signed in accordance with a resolution of the directors.



Associate Professor Jillian Sewell AM (Chair)

Dated 01 November 2018



Auditor's Independence Declaration

As lead auditor for the audit of Australian Medical Council Limited for the year ended 30 June 2018, I declare that to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.



David Murphy
Partner
PricewaterhouseCoopers

Canberra
1 November 2018

PricewaterhouseCoopers, ABN 52 780 433 757
28 Sydney Avenue, FORREST ACT 2603, GPO Box 447, CANBERRA CITY ACT 2601
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Liability limited by a scheme approved under Professional Standards Legislation.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Revenue	2	23,741,383	26,301,656
Other income		558,700	448,030
Total revenue and other income		24,300,083	26,749,686
Accreditation expenses		1,014,032	1,267,245
Examination running expenses		5,814,310	5,928,322
Publishing expenses		51,680	98,988
Council committees and executive expenses		812,540	744,113
Employee benefits expenses	17	7,890,713	6,852,700
Depreciation and amortisation expenses		991,846	1,015,481
Bank fees and charges		253,840	291,817
Rental expense		1,373,646	1,350,644
Loss on sale of investments		87,475	-
Audit, legal and consultancy expenses	13	273,833	338,908
Computer expenses		769,940	1,403,177
Administration expenses		2,090,537	1,449,114
Total expenses		21,424,392	20,740,508
Surplus for the year attributable to the Council		2,875,691	6,009,178
Changes in fair value of available for sale financial assets	14	293,425	(29,690)
Total comprehensive income for the year		3,169,116	5,979,488

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	3,228,499	3,980,520
Trade and other receivables	4	255,609	314,524
Inventories	5	83,320	92,934
Investments	6	5,432,073	4,813,698
Term Deposits	7	14,633,500	14,083,394
Other assets	8	695,329	937,860
TOTAL CURRENT ASSETS		24,328,330	24,222,930
NON-CURRENT ASSETS			
Work in progress	9	704,988	474,691
Plant and equipment	10	3,474,395	2,760,051
Intangible assets	11	199,948	321,378
TOTAL NON-CURRENT ASSETS		4,379,331	3,556,120
TOTAL ASSETS		28,707,661	27,779,050
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	1,080,234	1,704,578
Finance Lease liabilities	15	37	851
Lease incentive		163,592	114,136
Employee benefits	16	1,539,788	1,835,030
Income in advance	18	4,210,112	6,200,008
TOTAL CURRENT LIABILITIES		6,993,763	9,854,603
NON-CURRENT LIABILITIES			
Lease liabilities	15	-	-
Lease incentive		606,654	-
Employee benefits	16	100,691	133,650
Other payables		548,406	513,141
Provision for make good		643,382	632,007
TOTAL NON-CURRENT LIABILITIES		1,899,133	1,278,798
TOTAL LIABILITIES		8,892,896	11,133,401
NET ASSETS		19,814,765	16,645,649
EQUITY			
Available for sale investment reserve	14	263,735	(29,690)
Retained earnings		19,551,030	16,675,339
TOTAL EQUITY		19,814,765	16,645,649

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2018

	Available for sale Investment Reserve \$	Retained earnings \$	Total \$
Balance at 1 July 2016	-	10,666,161	10,666,161
Total comprehensive income for the year			
Surplus for the period attributable to the Council	-	6,009,178	6,009,178
Changes in fair value of available for sale financial assets	(29,690)	-	(29,690)
Total comprehensive income for the year	(29,690)	6,009,178	5,979,488
Balance at 30 June 2017	(29,690)	16,675,339	16,645,649
Surplus for the period attributable to the Council	-	2,875,691	2,875,691
Changes in fair value of available for sale financial assets	293,425	-	293,425
Total comprehensive income for the year	293,425	2,875,691	3,169,116
Balance at 30 June 2018	263,735	19,551,030	19,814,765

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt of grants		3,790,250	3,714,705
Other receipts		18,285,225	21,873,703
Payments to suppliers and employees		(21,514,740)	(19,571,493)
Net cash generated from operating activities		560,735	6,016,915
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchases of plant and equipment		(732,508)	(495,056)
Net movements in investments and term deposits		(965,205)	(3,723,364)
Purchases of software		(172,930)	(547,484)
Interest received from Investments		558,701	447,263
Net cash used in investing activities		(1,311,942)	(4,318,641)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of finance lease		(814)	(70,569)
Net cash used in financing activities		(814)	(70,569)
Net increase (decrease) in cash held		(752,021)	1,627,705
Cash and cash equivalents at beginning of financial year		3,980,520	2,352,815
Cash and cash equivalents at end of financial year	3	3,228,499	3,980,520

The accompanying notes form part of these financial statements.

The financial statements are for the Australian Medical Council Limited (AMC), as an individual entity, incorporated and domiciled in Australia. The AMC is a company limited by guarantee.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012*. The AMC is a not-for-profit entity for the purpose of preparing financial statements.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated. The financial statements have been prepared on a historical cost basis and are presented in Australian currency.

The financial statements for the year ended 30 June 2018 were authorised for issue on 01 November 2018 by the Directors of the AMC.

Accounting policies

a. Revenue

Revenue is measured at the fair value of the consideration received or receivable. The AMC recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the AMC and specific criteria have been met for the specific activities as described below.

Grant revenue is recognised when AMC obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

Interest revenue is recognised using the effective interest rate method.

Revenue from the rendering of a service is recognised by reference to the stage of completion of the transaction at the end of the reporting period.

All revenue is stated net of the amount of goods and services tax (GST).

b. Inventories

Inventories are measured at the lower of cost and net realisable value.

c. Plant and equipment

Plant and equipment are measured on the cost basis less accumulated depreciation and any accumulated impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of its recoverable amount. Each asset class's carrying amount is written down immediately to its recoverable amount if the class's carrying amount is greater than its estimated recoverable amount.

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated on a straight line basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation period
Computer equipment	2-5 years
Office equipment	3-10 years
Leasehold Improvements	Term of the lease
Furniture and fittings	3-10 years
Leased assets	Term of the lease

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

d. Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset but not the legal ownership are transferred to AMC, are classified as finance leases.

Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

AMC leased assets are depreciated on a straight-line basis over their useful lives where it is likely that the entity will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leases in which a significant portion of the risks and rewards of ownership are not transferred to the AMC are classified as operating leases. Payments for operating leases are charged to profit and loss on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

e. Financial instruments

i) Classification

The AMC classifies its financial assets into the following categories:

- Available for sale investments
- loans and receivables, and
- held-to-maturity investments

The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition and, in the case of assets classified as held-to-maturity, re-evaluates this designation at the end of each reporting period.

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period.

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the AMC's intention to hold these investments to maturity. Held-to-maturity investments are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period.

The Council's investment in managed funds, listed shares and securities are classified as available for sale financial assets. After initial recognition, these assets are measured at fair value and changes there in, other than impairment losses, are recognised as a separate component of equity (available for sale investment reserve). When an investment is derecognised the cumulative gain or loss in equity is transferred to the profit and loss.

ii) Recognition and de-recognition

Financial assets are recognised on trade date, the date on which the AMC commits itself to purchase or sell the asset. Financial assets are de-recognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the AMC has transferred substantially all the risks and rewards of ownership.

iii) Measurement

At initial recognition the AMC measures a financial asset at its fair value plus transaction costs that are directly attributable to the acquisition of the financial asset. Loans and receivables and held to maturity investments are subsequently carried at amortised cost using the effective interest method.

iv) Impairment

The AMC assesses at the end of each reporting period whether there is objective evidence that a financial asset or group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred only if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a 'loss event') and that loss event (or events) has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated.

For loans and receivables, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced and the amount of the loss is recognised in profit or loss.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the reversal of the previously recognised impairment loss is recognised in profit or loss.

v) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period. These loans and receivables are classified as non-current assets.

f. Employee benefits

Provision is made for AMC's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

The obligations are presented as current liabilities in the balance sheet if the AMC does not have an unconditional right to defer settlement for at least twelve months after the reporting period, regardless of when the actual settlement is expected to occur.

g. Cash and cash equivalents

Cash and cash equivalents for 2017/18 include cash on hand and deposits held at call. In 2017/18 cash and cash equivalents include cash on hand, deposits held at call with banks, and short term deposits of 90 days or less.

h. Goods and services tax

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis, except for the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the ATO. The GST component of financing and investing activities which is recoverable from, or payable to, the ATO is classified as a part of operating cash flows.

i. Income tax

No provision for income tax has been raised as the AMC is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

j. Intangibles

Software assets acquired or developed by the AMC are recorded at cost and have finite useful lives.

The AMC amortises intangible assets using the straight line method over the following period:

- Software assets 3 – 6 years

Costs incurred in developing systems and costs incurred in acquiring software and licences that will contribute to future period financial benefits are capitalised as software. Costs capitalised include external direct costs of materials and service, employee costs and relevant overheads. IT development costs include only those costs directly attributable to the development phase and are only recognised following completion of technical feasibility and where the AMC has an intention and ability to use the asset. All research expenditure is recognised as an expense as it is incurred.

k. Provisions

Provisions are recognised when AMC has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

l. Comparative figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

m. Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by AMC during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

n. Critical accounting estimates and judgements

Impairment

Assets are assessed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs of disposal and value in use.

o. New standards and interpretations not yet adopted

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2018 reporting period and have not been adopted by the AMC. The AMC's assessment of the impact of these new standards and interpretations is set out below.

Title of Standard	Nature of change	Impact	Mandatory application date
AASB 9 <i>Financial Instruments</i>	<p>AASB 9 addresses the classification, measurement and derecognition of financial assets and financial liabilities and introduces new rules for hedge accounting.</p> <p>In December 2014, the AASB made further changes to the classification and measurement rules and also introduced a new impairment model. These latest amendments now complete the new financial instruments standard.</p>	<p>It is expected that the investment in equity instruments be re-classified as fair value through the profit or loss (FVTPL). All fair value changes in the investments will be accounted for in the profit or loss statement and will no longer be accounted for in the reserve and other comprehensive income.</p> <p>The AMC does not hold any financial instruments which are subjected to hedge accounting.</p>	Must be applied for financial years commencing on or after the 1 January 2018.
AASB 15 <i>Revenue from Contracts with Customers</i>	<p>The AASB has issued a new standard for the recognition of revenue. This will replace AASB 118 which covers contracts for goods and services and AASB 111 which covers construction contracts.</p> <p>The new standard is based on the principle that revenue is recognised when control of a good or service transfers to a customer – so the notion of control replaces the existing notion of risks and rewards.</p> <p>The standard permits a modified retrospective approach for the adoption. Under this approach entities will recognise transitional adjustments in retained earnings on the date of initial application (e.g. 1 July 2017), i.e. without restating the comparative period. They will only need to apply the new rules to contracts that are not completed as of the date of initial application.</p>	Minimum impact on contracts and revenue recognition.	Mandatory for financial years commencing on or 1 January 2019.

Title of Standard	Nature of change	Impact	Mandatory application date
AASB 117 <i>Leases</i>	<p>The standard sets out the principles for the recognition, measurement, presentation and disclosure of leases for both parties to a contract.</p> <p>AASB 117 eliminates the current dual accounting model for leases, which distinguishes between on balance sheet finance leases and off balance sheet operating leases, instead, there is a single, on balance sheet accounting model that is like current finance lease accounting.</p>	Most operating leases will be capitalised on the statement of financial position.	Mandatory for financial years commencing on or after 1 January 2019.
AASB 1058 <i>Income of not for profit entities</i>	This Standard establishes principles for not for profit entities that apply to (a) transactions where the consideration to acquire an asset is significantly less than fair value principally to enable a not for profit entity to further its objectives; and (b) the receipt of volunteer services.	Minimum impact on contracts and revenue recognition	The standard is applicable for annual reporting periods on or after 01 January 2019

There are no other standards that are not yet effective and that would be expected to have a material impact on the entity in the current or future reporting periods and on foreseeable future transactions.

NOTE 2: REVENUE AND OTHER INCOME

	2018 \$	2017 \$
REVENUE FROM GOVERNMENT GRANTS AND OTHER GRANTS		
Medical Board of Australia grants	3,675,250	3,599,705
Health Profession Accreditation Councils Forum contributions	115,000	115,000
TOTAL REVENUE FROM GOVERNMENT AND OTHER GRANTS	3,790,250	3,714,705
REVENUE FROM OPERATIONS		
Accreditation fees	574,143	797,531
Examination fees	18,265,384	19,246,869
NTC Rent and Hire	757,988	604,376
Sale of publications	270,746	328,329
Other revenue	82,872	1,609,846
TOTAL REVENUE FROM OPERATIONS	19,951,133	22,586,951
TOTAL REVENUE	23,741,383	26,301,656
OTHER INCOME		
Interest	558,700	448,030
TOTAL OTHER INCOME	558,700	448,030
TOTAL REVENUE AND OTHER INCOME	24,300,083	26,749,686

NOTE 3: CASH AND CASH EQUIVALENTS

	2018 \$	2017 \$
Cash on hand	1,500	1,500
Cash at bank	2,219,756	2,734,271
Macquarie Vision Cash account	1,007,243	1,244,750
	3,228,499	3,980,521

NOTE 4: TRADE AND OTHER RECEIVABLES

	2018 \$	2017 \$
Trade receivables	178,534	140,618
GST receivable	77,075	173,906
	255,609	314,524

NOTE 5: INVENTORIES

	2018 \$	2017 \$
Current		
At cost: Inventory	83,320	92,934
	83,320	92,934

NOTE 6: INVESTMENTS

	2018 \$	2017 \$
Listed Securities	4,192,699	4,734,573
Managed Investments	1,239,374	79,125
	5,432,073	4,813,698

NOTE 7: TERM DEPOSITS

	2018 \$	2017 \$
CURRENT		
Term deposits	14,633,500	14,083,394
	14,633,500	14,083,394

Term deposits comprise deposits with banks with original maturities of 90 days or more, but less than 12 months.

NOTE 8: OTHER ASSETS

	2018 \$	2017 \$
CURRENT		
Accrued income	381,166	646,239
Prepayments	314,163	291,621
	695,329	937,860

NOTE 9: WORK IN PROGRESS

The Accreditation Management System is a software system being developed for the Accreditation section to meet its business needs. The program is expected to be completed at the end of next financial year. The amount of expenditure incurred during the current financial year was \$613,328.

The AMC Editorial Group (Anthology) is responsible for producing the *Anthology of Medical Conditions 2nd edition*. The Group meets formally each quarter to progress the project and assign tasks to appropriate subject matter experts (SMEs). Between meetings, members work independently and in small groups (writing workshops) to produce content – and prepare it for the Group to conduct a multidisciplinary review.

The Secretariat will prepare and distribute the new Anthology as a hardcopy and an eBook. It will also distribute the content via an interactive mobile application. The amount of expenditure incurred as at 30 June 2018 was \$91,660.

NOTE 10: PLANT AND EQUIPMENT

Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Computer equipment \$	Office equipment \$	Furniture and fittings \$	Leasehold improvement \$	Leased assets \$	Total \$
Cost at 1 July 2017	1,082,714	701,673	757,804	5,844,402	250,868	8,637,461
Accumulated depreciation	(429,630)	(477,509)	(555,896)	(4,170,024)	(244,351)	(5,877,410)
Net book amount at 1 July 2017	653,084	224,164	201,908	1,674,378	6,517	2,760,051
Additions at cost	707,378	20,000	3,980	817,960	-	1,549,318
Net disposals	-	-	-	-	-	-
Depreciation charge for the period	(271,925)	(67,960)	(50,565)	(438,007)	(6,517)	(834,974)
Carrying amount at 30 June 2018	1,088,537	176,204	155,323	2,054,331	0	3,474,395

NOTE 11: INTANGIBLE ASSETS

	\$
Computer software – at cost 1 July 2017	1,609,201
Accumulated depreciation	(1,287,823)
Net Book amount at 1 July 2017	321,378
Additions at cost	34,292
Net disposals	-
Depreciation charge for the period	(155,722)
Carrying amount at 30 June 2018	199,948

NOTE 12: TRADE AND OTHER PAYABLES

	2018 \$	2017 \$
Trade payables	107,149	748,932
Accrued expenses	927,759	921,217
Other current payables	45,326	34,429
	1,080,234	1,704,578

NOTE 13: AUDIT, LEGAL AND CONSULTANCY EXPENSES

	2018 \$	2017 \$
Audit fee	26,000	25,000
Legal fee	157,430	149,539
Consultancy fee	90,403	164,369
	273,833	338,908

NOTE 14: CHANGES IN FAIR VALUE OF AVAILABLE FOR SALE FINANCIAL ASSETS

	2018 \$	2017 \$
Unrealised gain/(loss) on investments	263,735	(29,690)
Reclassification to profit or loss	29,690	-
	293,425	(29,690)

The unrealised gain/(loss) is the difference between the market value and the purchase cost of investment at balance sheet date.

NOTE 15: LEASE LIABILITIES

	2018 \$	2017 \$
CURRENT		
Lease liabilities	37	851
NON-CURRENT		
Lease liabilities	-	-
TOTAL LEASE LIABILITIES	37	851

Lease liabilities are secured by the underlying leased assets.

NOTE 16: EMPLOYEE BENEFITS

	2018 \$	2017 \$
Current – Annual leave and Long service leave	1,539,788	1,835,030
Non-current – Long service leave	100,691	133,650
	1,640,479	1,968,680

Provision for employee benefits

The provision for employee benefits relates to the AMC'S liability for long service leave and annual leave.

Provision for employee benefits

The provision for employee benefits relates to the AMC'S liability for long service leave and annual leave.

NOTE 17: EMPLOYEE BENEFIT EXPENSES

	2018 \$	2017 \$
Wages	7,227,980	6,215,820
Superannuation	662,733	636,880
	7,890,713	6,852,700

NOTE 18: INCOME IN ADVANCE

	2018 \$	2017 \$
CURRENT		
Income in advance	4,210,112	6,200,008
	4,210,112	6,200,008

Income in advance is comprised of examination and accreditation fees received in advance of services being provided and rent in advance on the sub-lease of the AMC premises at Level 14 300 La Trobe Street, Melbourne.

NOTE 19: LEASING COMMITMENTS

	2018 \$	2017 \$
a. Finance lease commitments		
Payable – minimum lease payments:		
– not later than 12 months	-	851
– later than 12 months but not later than five years	-	-
Minimum lease payments	-	851

The AMC entered a finance leasing arrangement in May 2012, for the lease of office equipment. The lease is for a term of five years with an option to purchase at the end of the lease term. No debt covenants or other such arrangements are in place.

	2018 \$	2017 \$
b. Operating lease commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable—minimum lease payments:		
– not later than 12 months	1,654,664	1,258,738
– later than 12 months but not later than five years	5,472,185	3,599,010
Minimum lease payments	7,126,849	4,857,748

c. Sub-lease payments

Future minimum lease payments expected to be received in relation to non-cancellable sub-lease or operating leases

Receivable—minimum lease payments:

– not later than 12 months	128,844	124,586
– later than 12 months but not later than five years	514,548	-

Minimum lease payment	643,392	124,586
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The AMC has operating leases in place for the rental of two separate premises, at 11 Lancaster Place, Majura, ACT and Level 14, 300 La Trobe Street, Melbourne. The two operating leases both contain escalation clauses, make good provisions and renewal options. The leased premises in Melbourne is secured by a bank guarantee. The bank guarantee is for the amount of \$467,958 (inclusive of GST) and is equal to the sum of 6 month's rent and 6 month's outgoings. The Majura Park premises is secured by a bank guarantee of \$224,854 (inclusive of GST) and is equal to the sum of three month's rent.

NOTE 20: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no material contingent assets or liabilities as at 30 June 2018 which require disclosure in the financial statements (2017: nil).

NOTE 21: EVENTS AFTER THE REPORTING PERIOD

There were no reportable events after the end of the reporting period.

NOTE 22: KEY MANAGEMENT PERSONNEL COMPENSATION

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Council, directly or indirectly, including any director (whether executive or otherwise) of the Council.

The totals of remuneration paid to key management personnel (KMP) of AMC during the year was as follows:

	2018 \$	2017 \$
Short term benefits	931,639	775,955
Long term benefits	210,075	14,909
Post-employment benefits	69,168	54,106
	1,210,882	844,970

NOTE 23: RELATED PARTY TRANSACTIONS

During the financial year, the Council paid fees to directors amounting to \$146,590, and consulting fees amounting to \$18,000 to a director owned company

DIRECTORS' DECLARATION YEAR ENDED 30 JUNE 2018

The Directors of the company declare that:

The financial statements and notes, as set out on pages 16 to 37, are in accordance with the *Australian Charities and Not-for-Profit Commission Act 2012* and

- comply with Australian Accounting Standards Reduced Disclosure Requirements and other mandatory professional reporting requirements
- give a true and fair view of the financial position as at 30 June 2018 and of the performance for the year ended on that date of the AMC.

In the Directors' opinion there are reasonable grounds to believe that the AMC will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Directors and is signed for and on behalf of the Directors by:



Director

Associate Professor Jillian Sewell AM (Chair)

Dated 01 November 2018

INDEPENDENT AUDITOR'S REPORT YEAR ENDED 30 JUNE 2018



Independent auditor's report

To the members of Australian Medical Council Limited

Our opinion

In our opinion:

The accompanying financial report of Australian Medical Council Limited (the Company) is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2018 and of its financial performance for the year then ended
- (b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

What we have audited

The financial report comprises:

- the statement of financial position as at 30 June 2018
- the statement of changes in equity for the year then ended
- the statement of cash flows for the year then ended
- the statement of profit or loss and other comprehensive income for the year then ended
- the notes to the financial statements, which include a summary of significant accounting policies
- the directors' declaration.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial report* section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

Other information

The directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2018, including the Director's Report, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

PricewaterhouseCoopers, ABN 52 780 433 757
28 Sydney Avenue, FORREST ACT 2603, GPO Box 447, CANBERRA CITY ACT 2601
T: + 61 2 6271 3000, F: + 61 2 6271 3999, www.pwc.com.au

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In connection with our audit of the financial report, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

PricewaterhouseCoopers

David Murphy
Partner

Canberra
1 November 2018

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APPENDIX A: COUNCIL MEMBERSHIP AT JUNE 2018

POSITION AND NOMINATING BODY/CATEGORY OF MEMBERSHIP	MEMBER
President elected by Council	Associate Professor Jill Sewell AM
Deputy President elected by Council	Professor David Ellwood
Member of a State and Territory Board of the Medical Board of Australia	Dr Greg Kesby (NSW) Dr Bruce Mugford (SA) Associate Professor Kim Rooney (TAS) Associate Professor Abdul Khalid (VIC)
Nominees of Council of Presidents of Medical Colleges	Mr Philip Truskett Laureate Professor Nicholas Talley
Nominees of Australian Medical Association Federal Council	Dr Iain Dunlop AM
Post-graduate Medical Trainee	Dr Jules Catt
Nominee of Medical Deans Australia and New Zealand	Professor Richard Murray
Nominee of Universities Australia	Professor Lisa Jackson Pulver AM
Medical Student in Basic or Pre-professional Training	Mr Bhavi Ravindran
Consumer Members	Mr Fergus Leicester Ms Eileen Jerga AM
Community Members	Professor Eleanor Milligan Mr Tom Symonds

POSITION AND NOMINATING BODY/CATEGORY OF MEMBERSHIP	MEMBER
Senior Executive of a Public Hospital	Dr Sayanta Jana
Senior Executive of a Private Hospital	Dr Jeanette Conley
Chairs of the AMC Standing Committees	Emeritus Professor David Prideaux Assessment Committee Professor Geoff McColl Medical School Accreditation Committee Dr Andrew Singer AM Prevocational Standards Accreditation Committee Professor Kate Leslie AO Specialist Education Accreditation Committee
Chair of Confederation of Postgraduate Medical Education Councils	Clinical Professor Richard Tarala
Aboriginal representative on Council	<i>Attendee</i> - Associate Professor Greg Phillips as Chair of the Aboriginal and Torres Strait Islander and Māori Strategy Group
Māori representative on Council	Professor Papaarangi Reid
Chief Executive Officer, Australian Commission on Safety and Quality in Health Care	Professor Debora Picone AM Professor Villis Marshall AC attends as proxy

APPENDIX B: AMC DIRECTORS AS AT JUNE 2018

President

Associate Professor Jill Sewell AM

Deputy President

Professor David Ellwood

Directors, as elected by the members

Associate Professor Kim Rooney

Dr Jules Catt

Professor Eleanor Milligan

Ex-officio as chairs of standing committees

Professor Kate Leslie AM

Specialist Education Accreditation Committee

Professor Geoff McColl

Medical School Accreditation Committee

Dr Andrew Singer

Prevocational Standards

Accreditation Committee

Emeritus Professor David Prideaux

Assessment Committee

APPENDIX C: COMMITTEE MEMBERSHIP

Assessment Committee

Emeritus Professor D Prideaux,
Chair

Dr A Akram

Professor J Barnard

Dr A Dawson

Associate Professor P Devitt

Dr J Gladman

Dr P Harris

Professor P Hay

Professor L Jackson-Pulver AM

Dr N Mackay

Professor B McGrath

Professor K Nair AM

Dr R Sweet

Dr J Thomas

Dr P Vine OAM

Finance, Audit and Risk Management Committee

Mr G Knuckey,
Chair

Professor D Ellwood

Associate Professor K Rooney

Associate Professor J Sewell AM

Medical School Accreditation Committee

Professor G McColl,
Chair

Professor B Canny

Professor J Dahlstrom

Professor S Ewen

Professor K Forsyth

Professor J Fraser

Professor I Haq

Professor A Hennessy AM

Dr L Lack

Mr Fergus Leicester

Mr B Ravindran

Professor P Reid

Mr R Thomas

Ms S Van Bremen

Dr M White

Specialist Education Accreditation Committee

Professor K Leslie AO,
Chair

Professor I Civil CNZM

Professor A Cripps AO

Ms J Gibson

Dr J Grabek

Dr K Jenkins

Associate Professor A Khalid

Dr T Kimpton

Associate Professor R Langham

Associate Professor T Lawler

Professor M Leech

Ms H Maxwell-Wright

Dr S Nicholson

Professor M Permezel

Dr A Singer AM



Prevocational Standards Accreditation Committee

Dr A Singer AM,
Chair

Dr S Conroy

Dr G Cooke

Professor B Crotty

Dr J Ghannam

Professor J Hamdorf

Professor R Hays

Associate Professor A Jones

Dr J Katsoris

Dr J Lawler

Ms P Lello

Professor B McGrath

Dr M Naidoo

Associate Professor D Smallwood

Clinical Professor R Tarala

Dr A Tatian

APPENDIX D: AMC STAFF AS OF JUNE 2018

Chief Executive Officer
Philip Pigou

Deputy Chief Executive Officer
Theanne Walters

**Executive Officer, Director Services/
Company Secretary**
Karin Oldfield

Executive Support

Senior Executive Assistant (CEO)
Gemma Iafrate

Executive Assistant (DCEO)
Louise McCormack

Executive Project Coordinator
Caroline Watkin

Executive Officer, Directors and Council
Fiona van der Weide

Executive Assistant to the Company Secretary
Jessica Penca

Research and Policy Consultant
Kim Ashwin

Research and Policy Analyst
Bronwen Jones

National Test Centre

Program Manager
Andrea Meredith

**Assistant Program Manager and Events
Coordinator**
Philippa Henderson

Program Assistants
Nada Nasr
Kista Ho

NTC Receptionist and Admin Assistant
Kristi Marmor

ICT and AV Manager
Daniel Neill

CT and AV Systems Administrator
Wayne Tran

ICT and AV Systems Support Officer
Prabin Rijal

Corporate Services

Human Resources Manager
John Akuak

Executive Officer, Human Resources
Dianne Nockels MBE

Finance Manager
Ravi Wickramaratna

Accounts Supervisor
Santhosh Moorkoth

Financial/Management Accountant
Lynn Wang

Payroll Officer
Ivy Kong

Accounts Receivable Clerk
Christine Thompson

Travel Manager
Steven Cook

Travel Officer
Simon Roche

Administrative Officers
Helen Slat
Jane McGovern
Carla Lopes Reis
Bernadette Cross

Information and Communications Technology

Director, ICT Services (Acting)
Carl Matheson

National ICT Service Delivery Manager
Matt Vigus

ICT Systems Administrator/Team Leader
Matthew Kendrick

Senior Helpdesk Manager
Uday Krishnan

Systems Support Officer
Jie Chen

ICT Administration Officer
Kristy O'Reilly

Developer Team Leader/System Architect
Hung Nguyen

Developers
Neil Brett
Lucas Sant'Anna
Ian McKenzie

Developer/Database Administrator
Kevin Ng

Records Manager
Maureen Lipinski



Records and Information Projects

Officer (AMS)

Lindsey MacDonald

ICT Project Manager

Nevin Morison

Business Analyst (AMS Project)

Leena Ganguli

Accreditation and Recognition

Director, Accreditation and Standards

Kirsty White

Manager Medical School Assessment

Alan Merritt

Manager, Specialist Training and Program Assessment

Jane Porter

Manager, Prevocational Standards and Accreditation

Sarah Vaughan

Accreditation Executive Officer

Melinda Donevski

Accreditation Project Officer

Liesl Perryman

Accreditation Policy Officer

Karen Rocca

Accreditation Officers

Patrick Murray

Brooke Pearson

Accreditation Administrator

Juliana Simon

Accreditation Assistant

Katie Khan

Program Administrator

Katie Khan

Assessment Services

Director, Assessment and Innovation

Carl Matheson

Operations Manager

Megan Lovett

Senior EA, Assessment and Innovation

Wendy Schubert

Senior Executive Officer, Assessment and Innovation

Elly Spyrou

Manager, Verification Services

Zuzette Kruger-Finch

Assistant Manager, Verification Services

Kylie Edwards

Verifications Administrators

Trish Bevacqua

Carol Ford

Manager, MCQ Examinations

Josie Cunningham

MCQ Examinations Administrator

Margaret Hurley

Manager, Clinical Examinations

Joanne Lebihan

Clinical Examination Administrator (Appeals)

Slavica Ljubic

Clinical Examination Administrators

Nadeem Afzal

Stewart Chinn

Natasha Bagnara

Examination Content Coordinators

Amanda Room

Jacqui Tarrant

Jessica Brewis

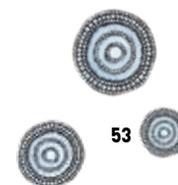
Examination Development Group

Program Director, Quality Assurance and Development

Susan Buick

Project Manager (multimedia)

Geoff Windsor



ATTACHMENT 1: AMC TOP MEDICAL SCHOOLS ACTIVITY VOLUME UPDATED JUNE 2018

University College Dublin School of Medicine	Bristol Medical School, University of Bristol	Royal College of Surgeons in Ireland School of Medicine	UCL Medical School	Peninsula College of Medicine and Dentistry	Dow Medical College	University of Cape Town Faculty of Health Sciences
Manchester Medical School	Alexandria University Faculty of Medicine	University of Peradeniya Faculty of Medicine	University of Pretoria School of Medicine	University of Khartoum Faculty of Medicine	University of Leicester College of Medicine	Kasturba Medical College Mangalore
NUI Galway School of Medicine	Cairo University Faculty of Medicine	University of Colombo Faculty of Medicine	Jinnah Sindh Medical University	University of Damascus Faculty of Medicine	Zagazig University Faculty of Medicine	Katholieke Universiteit Leuven (KULeuven) Faculteit Geneeskunde
University of Glasgow School of Medicine	Edinburgh Medical School, University of Edinburgh	University of Medicine 1	University of the Witwatersrand	Fatima Jinnah Medical University	Assiut University Faculty of Medicine	University of Zimbabwe College of Health Sciences
Queen's University Belfast School of Medicine	Trinity College Dublin School of Medicine	King's College London GKT School of Medicine	University of Sri Jayewardenepura Faculty of Medical Sciences	University of Oxford Medical Sciences Division	University of Gezira Faculty of Medicine	King Edward Medical University
Cardiff University School of Medicine	Imperial College London Faculty of Medicine	University of Mosul College of Medicine	University of Aberdeen School of Medicine and Dentistry	University of Santo Tomas Faculty of Medicine and Surgery	University of Cambridge School of Clinical Medicine	King Saud University, Riyadh College of Medicine
University of Nottingham School of Medicine	University College Cork School of Medicine	University of Dundee School of Medicine	Melaka-Manipal Medical College	Tianjin Medical University	Tanta University Faculty of Medicine	Allama Iqbal Medical College
University of Leeds School of Medicine	Newcastle University Faculty of Medical Sciences	University of Southampton Faculty of Medicine	University of Kelaniya Faculty of Medicine	Yong Loo Lin School of Medicine, National Univ of Singapore	Rawalpindi Medical University	University of Aleppo Faculty of Medicine

ATTACHMENT 1: AMC TOP MEDICAL SCHOOLS ACTIVITY

CONTINUED

Ain Shams University Faculty of Medicine	University of Liverpool Faculty of Health and Life Sciences	Barts and the London School of Medicine and Dentistry	International Medical University Faculty of Medicine and Health	St. George's University of London	Mansoura University Faculty of Medicine	University of Medicine 2
University of Birmingham College of Medical and Dental Sciences	University of Baghdad College of Medicine	Sheffield University School of Medicine and Biomedical Sciences	University of Al-Mustansiriyah College of Medicine	Liaquat University of Medical & Health Sciences Jamshoro	Tehran University of Medical Sciences School of Medicine	Jawaharlal Nehru Medical College, Belgaum
Isfahan University of Medical Sciences	Li Ka Shing Faculty of Medicine, University of Hong Kong	Universiti Malaya Fakulti Perubatan	Mashhad University of Medical Sciences	University of the Free State Faculty of Health Sciences	Dhaka Medical College and Hospital	University of Stellenbosch Faculty of Medicine and Health Sciences
Institute of Applied Health Sciences (IAHS)	Oceania University of Medicine	Warwick Medical School	Khyber Medical College	University of Kwazulu-Natal College of Health Sciences	Bharati Vidyapeeth Medical College, Pune	University of Limerick Graduate Entry Medical School
University of Basrah College of Medicine	Kasturba Medical College Manipal	Quaid-e-Azam Medical College	Mymensingh Medical College	University of Jaffna Faculty of Medicine	Chittagong Medical College and Hospital	Sir Salimullah Medical College
University of the East/Ramon Magsaysay Memorial Medical Center College of Med	Fiji National University College of Medicine, Nursing & Health Sciences	Far Eastern University Institute of Medicine, Nicanor Reyes Medical Foundation	Brighton and Sussex Medical School	Manipal College of Medical Sciences (MCOMS)	University of Ilorin College of Health Sciences	Semmelweis University Faculty of Medicine
Norwich Medical School, University of East Anglia	Bangladesh Medical College (BMSRI)					



ATTACHMENT 2: COUNTRY OF TRAINING STATISTICS

MCQ EXAMINATIONS FOR PERIOD:
01/07/2017 TO 30/06/2018 (ALL CANDIDATES)

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
AFGHANISTAN	7	2	4	2	1	9	1	1	0	0	2
ALGERIA	1	0	1	1	0	2	0	0	1	0	1
ARGENTINA	5	4	1	0	0	5	3	1	0	0	4
ARMENIA	2	2	0	0	0	2	1	0	0	0	1
AUSTRIA	2	1	0	1	0	2	0	0	1	0	1
BAHRAIN	2	2	0	0	0	2	2	0	0	0	2
BANGLADESH	159	121	28	12	9	170	88	16	7	4	115
BELARUS	9	7	3	2	0	12	3	1	0	0	4
BELGIUM	1	1	0	0	0	1	1	0	0	0	1
BELIZE	1	1	0	0	0	1	0	0	0	0	0
BOLIVIA	1	1	1	0	0	2	0	1	0	0	1
BRAZIL	38	30	7	4	3	44	17	4	0	1	22
BULGARIA	1	1	0	0	0	1	1	0	0	0	1
CHILE	2	2	1	0	0	3	1	1	0	0	2
CHINA	115	73	29	15	17	134	32	14	5	2	53
COLOMBIA	20	16	5	0	0	21	7	3	0	0	10
CUBA	6	5	0	1	0	6	1	0	0	0	1
CURACAO	1	0	0	1	0	1	0	0	0	0	0
CZECH REPUBLIC	1	1	0	0	0	1	0	0	0	0	0
DEMOCRATIC REPUBLIC OF THE CONGO	3	2	0	0	1	3	0	0	0	0	0
DENMARK	1	1	0	0	0	1	0	0	0	0	0
DOMINICA	2	2	1	0	0	3	1	1	0	0	2
ECUADOR	3	2	0	1	0	3	1	0	1	0	2
EGYPT	202	174	19	8	9	210	157	13	5	1	176
EL SALVADOR	2	1	0	1	0	2	1	0	0	0	1
ETHIOPIA	2	1	1	0	0	2	0	1	0	0	1
FIJI	18	11	4	4	2	21	8	1	0	0	9
FINLAND	1	1	0	0	0	1	1	0	0	0	1
FRANCE	1	1	0	0	0	1	1	0	0	0	1
GEORGIA	10	10	1	0	0	11	4	1	0	0	5
GERMANY	6	5	1	1	0	7	3	0	0	0	3
GHANA	6	3	2	1	0	6	2	2	1	0	5

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
GREECE	3	3	1	0	0	4	1	1	0	0	2
GRENADA	1	1	0	0	0	1	1	0	0	0	1
GUATEMALA	1	1	0	0	0	1	0	0	0	0	0
GUYANA	2	1	1	0	0	2	0	0	0	0	0
HONG KONG	4	4	1	0	0	5	3	0	0	0	3
HUNGARY	3	3	0	0	0	3	2	0	0	0	2
INDIA	302	230	70	18	26	344	142	42	7	14	205
INDONESIA	21	17	5	2	1	25	7	2	1	0	10
IRAN	116	93	19	4	6	122	75	12	3	3	93
IRAQ	116	107	16	5	2	130	86	9	3	2	100
IRELAND	10	9	0	0	1	10	7	0	0	1	8
ITALY	4	4	1	0	0	5	2	1	0	0	3
JAMAICA	1	1	0	0	0	1	1	0	0	0	1
JAPAN	3	3	0	0	0	3	2	0	0	0	2
JORDAN	3	2	1	0	0	3	1	0	0	0	1
KAZAKHSTAN	2	1	0	1	1	3	0	0	0	1	1
KENYA	8	7	1	0	0	8	6	1	0	0	7
KUWAIT	1	1	0	0	0	1	1	0	0	0	1
KYRGYZSTAN	5	3	2	0	0	5	2	1	0	0	3
LATVIA	3	3	1	1	0	5	1	0	0	0	1
LEBANON	3	2	2	1	1	6	1	1	0	0	2
LIBYA	8	5	1	1	1	8	3	0	1	1	5
LITHUANIA	1	1	0	0	0	1	0	0	0	0	0
MACEDONIA	1	0	0	0	1	1	0	0	0	1	1
MALAYSIA	56	46	10	1	1	58	27	4	0	1	32
MAURITIUS	1	0	1	0	0	1	0	0	0	0	0
MEXICO	4	3	1	0	0	4	2	0	0	0	2
MOLDOVA	1	1	0	0	0	1	1	0	0	0	1
MYANMAR	73	61	8	4	5	78	55	6	0	2	63
NEPAL	38	30	6	4	5	45	21	3	1	2	27
NETHERLANDS	9	7	0	1	1	9	7	0	1	0	8
NIGERIA	44	30	11	7	2	50	21	6	3	1	31

ATTACHMENT 2: COUNTRY OF TRAINING STATISTICS

CONTINUED

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
OMAN	3	3	0	0	0	3	2	0	0	0	2
PAKISTAN	215	170	33	12	15	230	137	20	7	7	171
PALESTINIAN AUTHORITY	1	0	1	0	0	1	0	1	0	0	1
PAPUA NEW GUINEA	1	1	0	0	0	1	0	0	0	0	0
PERU	2	1	1	0	0	2	1	0	0	0	1
PHILIPPINES	101	72	18	9	10	109	31	10	5	4	50
POLAND	6	6	0	0	0	6	4	0	0	0	4
PORTUGAL	2	2	0	0	0	2	2	0	0	0	2
ROMANIA	10	8	3	0	0	11	3	2	0	0	5
RUSSIA	57	32	24	4	9	69	18	11	0	4	33
RWANDA	1	1	0	0	0	1	1	0	0	0	1
SAINT KITTS AND NEVIS	6	5	0	0	2	7	3	0	0	1	4
SAINT LUCIA	5	4	1	1	0	6	2	0	0	0	2
SAINT VINCENT AND THE GRENADINES	1	1	0	0	0	1	0	0	0	0	0
SAMOA	18	18	4	1	0	23	10	1	1	0	12
SAUDI ARABIA	3	2	1	0	0	3	1	1	0	0	2
SERBIA	5	4	1	1	0	6	2	0	1	0	3
SEYCHELLES	1	0	0	0	1	1	0	0	0	0	0
SINGAPORE	3	3	0	0	0	3	2	0	0	0	2
SOUTH AFRICA	45	40	3	3	1	47	37	1	0	0	38
SOUTH KOREA	6	4	1	1	0	6	3	1	1	0	5

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
SOUTH SUDAN	1	1	0	0	0	1	1	0	0	0	1
SPAIN	1	1	0	0	0	1	1	0	0	0	1
SRI LANKA	108	95	11	2	4	112	78	8	2	2	90
SUDAN	47	38	9	3	2	52	24	5	2	2	33
SWEDEN	2	2	0	0	0	2	2	0	0	0	2
SWITZERLAND	1	1	0	0	0	1	1	0	0	0	1
SYRIA	22	18	3	0	1	22	15	2	0	0	17
TAIWAN ROC	4	4	1	0	0	5	2	0	0	0	2
TAJIKISTAN	1	0	0	0	1	1	0	0	0	0	0
THAILAND	2	2	0	0	0	2	2	0	0	0	2
TRINIDAD AND TOBAGO	1	1	0	0	0	1	1	0	0	0	1
TURKEY	7	7	2	0	0	9	5	1	0	0	6
UGANDA	2	1	1	0	0	2	0	0	0	0	0
UKRAINE	23	12	6	7	2	27	9	0	3	1	13
UNITED ARAB EMIRATES	7	7	0	0	0	7	5	0	0	0	5
UNITED KINGDOM	4	3	1	0	0	4	3	1	0	0	4
USA	2	2	1	0	0	3	1	1	0	0	2
UZBEKISTAN	1	1	0	0	0	1	0	0	0	0	0
VENEZUELA	4	2	1	1	0	4	0	0	0	0	0
VIET NAM	9	8	2	0	0	10	4	1	0	0	5
YEMEN	5	4	1	0	0	5	3	0	0	0	3
ZIMBABWE	13	10	2	1	1	14	8	2	1	1	12
TOTAL	2238	1761	400	151	145	2457	1239	219	64	59	1581

ATTACHMENT 3: COUNTRY OF TRAINING STATISTICS

CLINICAL EXAMINATIONS FOR PERIOD:
01/07/2017 TO 30/06/2018 (ALL CANDIDATES)

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
AFGHANISTAN	6	1	2	2	3	8	0	0	0	0	0
ALBANIA	1	0	0	0	2	2	0	0	0	0	0
ARGENTINA	3	2	0	0	1	3	0	0	0	0	0
ARMENIA	2	2	0	0	0	2	0	0	0	0	0
AUSTRIA	1	1	0	0	0	1	1	0	0	0	1
BAHRAIN	1	0	1	0	0	1	0	0	0	0	0
BANGLADESH	168	76	55	28	37	196	14	7	4	5	30
BELARUS	8	2	4	1	1	8	0	0	0	0	0
BELGIUM	1	1	1	0	0	2	0	0	0	0	0
BOLIVIA	3	3	1	0	0	4	1	0	0	0	1
BOSNIA AND HERZEGOVINA	1	0	0	1	0	1	0	0	0	0	0
BRAZIL	17	12	5	2	1	20	3	3	0	0	6
BULGARIA	4	0	0	1	3	4	0	0	0	1	1
BURUNDI	1	1	0	0	0	1	0	0	0	0	0
CHILE	3	2	1	0	0	3	1	0	0	0	1
CHINA	83	41	21	16	16	94	8	5	4	4	21
COLOMBIA	14	9	4	3	0	16	5	0	1	0	6
CUBA	2	1	1	0	0	2	0	0	0	0	0
DEMOCRATIC REPUBLIC OF THE CONGO	1	1	0	0	0	1	0	0	0	0	0
DOMINICAN REPUBLIC	1	0	0	1	0	1	0	0	0	0	0
EGYPT	77	48	27	12	9	96	8	7	3	2	20
EL SALVADOR	2	1	0	0	1	2	0	0	0	0	0
ETHIOPIA	3	2	0	1	0	3	1	0	0	0	1
FIJI	13	6	3	2	2	13	2	3	1	0	6
FINLAND	1	1	0	0	0	1	0	0	0	0	0
FRANCE	1	1	0	0	0	1	1	0	0	0	1
GEORGIA	1	1	0	0	0	1	0	0	0	0	0
GERMANY	4	3	1	1	0	5	1	0	0	0	1
GHANA	3	2	1	0	0	3	0	0	0	0	0
GREECE	1	1	0	0	0	1	0	0	0	0	0
GRENADA	2	2	0	0	0	2	0	0	0	0	0
GUATEMALA	2	0	0	1	2	3	0	0	0	0	0
INDIA	299	152	64	50	78	344	41	19	11	11	82

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
INDONESIA	12	8	4	0	2	14	3	1	0	1	5
IRAN	105	53	40	14	21	128	17	9	7	4	37
IRAQ	73	47	16	9	16	88	16	7	4	2	29
IRELAND	4	3	1	1	0	5	0	0	0	0	0
ISRAEL	1	0	1	0	0	1	0	1	0	0	1
ITALY	4	1	2	1	0	4	0	0	0	0	0
JAMAICA	1	1	0	0	0	1	1	0	0	0	1
JAPAN	1	0	0	1	0	1	0	0	0	0	0
JORDAN	3	1	1	0	1	3	1	1	0	1	3
KAZAKHSTAN	2	1	1	0	0	2	1	1	0	0	2
KENYA	5	3	2	0	0	5	0	1	0	0	1
LATVIA	1	0	1	0	0	1	0	0	0	0	0
LEBANON	3	3	2	0	0	5	0	0	0	0	0
LIBYA	3	0	0	2	2	4	0	0	0	2	2
MACEDONIA	1	1	0	0	0	1	0	0	0	0	0
MALAYSIA	37	27	7	4	1	39	6	1	2	1	10
MALTA	1	1	0	0	0	1	1	0	0	0	1
MAURITIUS	1	0	0	0	2	2	0	0	0	1	1
MEXICO	1	0	0	1	0	1	0	0	0	0	0
MONTSERRAT	1	1	1	0	0	2	0	0	0	0	0
MYANMAR	66	42	23	8	10	83	12	7	4	4	27
NEPAL	23	15	2	5	2	24	5	0	1	1	7
NETHERLANDS	4	3	1	1	1	6	1	0	0	1	2
NIGERIA	44	18	17	7	14	56	1	4	0	0	5
OMAN	1	1	0	0	0	1	0	0	0	0	0
PAKISTAN	169	99	50	26	23	198	29	16	5	4	54
PAPUA NEW GUINEA	2	1	0	0	1	2	0	0	0	0	0
PHILIPPINES	87	46	18	6	29	99	14	6	0	2	22
POLAND	3	1	2	0	0	3	0	0	0	0	0
PORTUGAL	2	2	0	0	0	2	1	0	0	0	1
ROMANIA	5	1	3	1	1	6	0	0	0	0	0
RUSSIA	51	16	20	10	15	61	2	5	2	3	12
SAINT LUCIA	2	1	0	1	0	2	0	0	1	0	1

ATTACHMENT 3: COUNTRY OF TRAINING STATISTICS

CONTINUED

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
SAINT VINCENT AND THE GRENADINES	1	0	0	0	1	1	0	0	0	0	0
SAMOA	6	3	1	1	1	6	1	1	0	0	2
SAUDI ARABIA	6	4	2	1	0	7	0	2	1	0	3
SERBIA	5	4	1	0	1	6	0	0	0	1	1
SEYCHELLES	1	0	0	0	1	1	0	0	0	0	0
SINGAPORE	1	1	1	0	0	2	0	0	0	0	0
SOUTH AFRICA	27	25	2	0	1	28	13	1	0	0	14
SOUTH KOREA	5	4	1	0	0	5	1	0	0	0	1
SOUTH SUDAN	1	0	1	0	0	1	0	0	0	0	0
SRI LANKA	127	81	32	11	19	143	27	9	3	6	45
SUDAN	18	15	5	0	1	21	1	1	0	0	2
SWEDEN	1	1	0	0	0	1	1	0	0	0	1
SWITZERLAND	1	1	1	1	0	3	0	0	0	0	0
SYRIA	11	8	3	2	1	14	3	0	0	0	3
TAIWAN ROC	2	1	0	0	1	2	0	0	0	0	0
TAJKISTAN	1	1	0	0	0	1	0	0	0	0	0
TANZANIA	2	1	0	0	1	2	0	0	0	0	0
THAILAND	3	3	1	0	0	4	0	1	0	0	1
TRINIDAD AND TOBAGO	1	1	0	0	0	1	1	0	0	0	1
TURKEY	5	4	2	1	0	7	0	1	0	0	1
UGANDA	2	0	1	1	1	3	0	0	0	1	1
UKRAINE	25	8	10	4	6	28	2	4	3	2	11
UNITED ARAB EMIRATES	6	4	3	0	0	7	0	2	0	0	2
USA	2	1	1	0	0	2	0	0	0	0	0
VENEZUELA	5	2	3	2	0	7	0	1	2	0	3
VIET NAM	7	3	2	2	2	9	2	1	1	0	4
YEMEN	1	1	0	0	0	1	0	0	0	0	0
ZIMBABWE	12	10	0	1	1	12	2	0	0	0	2
TOTAL	1734	959	480	247	335	2021	252	128	60	60	500

ATTACHMENT 4: EXAM SUMMARY

CLINICAL RETEST EXAMINATIONS FOR PERIOD:
01/07/2017 TO 30/06/2018 (ALL CANDIDATES)

Exam	Date	City	Number of candidates who sat	Candidates who passed		Candidates who failed	
				Number	Rate	Number	Rate
17-02-11MR	11/02/2017	MELBOURNE-NTC	54	16	29.63%	38	70.37%
17-03-03MR	03/03/2017	MELBOURNE-NTC	53	24	45.28%	29	54.72%
17-04-29MR	29/04/2017	MELBOURNE-NTC	50	18	36.00%	32	64.00%
17-06-09MR	09/06/2017	MELBOURNE-NTC	54	22	40.74%	32	59.26%
17-07-13MR	13/07/2017	MELBOURNE-NTC	53	37	69.81%	16	30.19%
17-08-26MR	26/08/2017	MELBOURNE-NTC	51	22	43.14%	29	56.86%
17-09-08MR	08/09/2017	MELBOURNE-NTC	52	12	23.08%	40	76.92%
17-11-11MR	11/11/2017	MELBOURNE-NTC	53	20	37.74%	33	62.26%
18-02-10MR	10/02/2018	MELBOURNE-NTC	54	26	48.15%	28	51.85%
18-03-09MR	09/03/2018	MELBOURNE-NTC	50	30	60.00%	20	40.00%
18-04-21MR	21/04/2018	MELBOURNE-NTC	51	21	41.18%	30	58.82%
18-06-01MR	01/06/2018	MELBOURNE-NTC	51	23	45.10%	28	54.90%
TOTAL			626	271	43.29%	355	56.71%

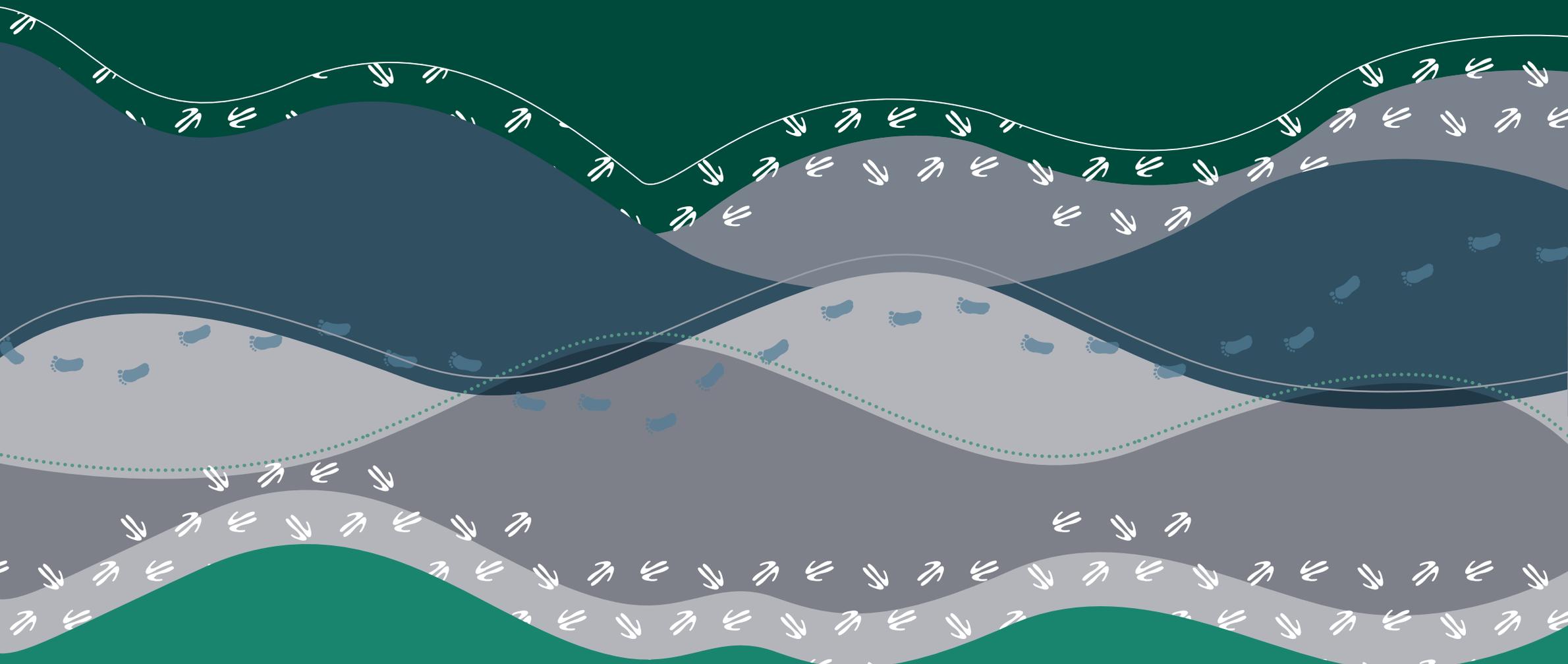


ATTACHMENT 5: WORKPLACE BASED ASSESSMENT

WORKPLACE BASED ASSESSMENT FOR PERIOD:
01/07/2015 TO 30/06/2016 (ALL CANDIDATES)

Authority	Country Trained	No of Assessed	No of Pass	No of Fail	No of Pending Result	
Central Coast Local Health District	BANGLADESH	2	2	0	0	
	INDIA	4	4	0	0	
	IRAN	1	1	0	0	
	PHILIPPINES	5	5	0	0	
	RUSSIA	1	1	0	0	
	SOUTH AFRICA	1	1	0	0	
	SRI LANKA	1	1	0	0	
	UNITED ARAB EMIRATES	1	1	0	0	
	Subtotal		16	16	0	0
Hunter New England Area Health Service	BANGLADESH	1	1	0	0	
	BARBADOS	1	1	0	0	
	BRAZIL	1	1	0	0	
	EGYPT	1	1	0	0	
	INDIA	3	3	0	0	
	IRAQ	1	1	0	0	
	LIBYA	1	1	0	0	
	NIGERIA	3	3	0	0	
	PHILIPPINES	1	1	0	0	
	SWITZERLAND	1	1	0	0	
	Subtotal		14	14	0	0
	Launceston General Hospital	EGYPT	1	1	0	0
		FIJI	1	1	0	0
INDIA		9	9	0	0	
MALAYSIA		1	1	0	0	
MYANMAR		2	2	0	0	
PAKISTAN		3	3	0	0	
PHILIPPINES		2	2	0	0	
SAMOA		1	1	0	0	
SRI LANKA		1	1	0	0	
Subtotal			21	21	0	0

Authority	Country Trained	No of Assessed	No of Pass	No of Fail	No of Pending Result	
Monash Health	EGYPT	1	1	0	0	
	FIJI	1	1	0	0	
	INDIA	3	3	0	0	
	Subtotal		5	5	0	0
	Rural and Outer Metro United Alliance	NIGERIA	2	2	0	0
	SRI LANKA	2	2	0	0	
	Subtotal	4	4	0	0	
WA Health	INDIA	10	10	0	0	
	IRAN	1	1	0	0	
	MALAYSIA	1	1	0	0	
	NIGERIA	1	1	0	0	
	PAKISTAN	2	2	0	0	
	RUSSIA	1	1	0	0	
	SRI LANKA	2	2	0	0	
	SUDAN	2	2	0	0	
	Subtotal		20	20	0	0
	Wide Bay Hospital and Health Service	CHINA	1	1	0	0
		INDIA	2	2	0	0
MALAYSIA		1	1	0	0	
NIGERIA		1	1	0	0	
PAKISTAN		2	2	0	0	
PHILIPPINES		2	2	0	0	
SRI LANKA		1	1	0	0	
UKRAINE		1	1	0	0	
Subtotal			11	11	0	0
Grand Total		91	91	0	0	



Australian Medical Council Limited